Index Bioscience
5/14/04

09/937,840

```
=> s (chemotherap? or taxol or paclitaxel? or taxan?)(p)(sub(2a)therapeu? or
low?(3a)dos?) and (cancer? or tumor? or tumour? or neoplas?)
        433   FILE ADISCTI
         90   FILE ADISINSIGHT
        100*  FILE ADISNEWS
          1   FILE AGRICOLA
          8   FILE BIOBUSINESS
          4*  FILE BIOCOMMERCE
       1908   FILE BIOSIS
         19*  FILE BIOTECHABS
         19*  FILE BIOTECHDS
        579*  FILE BIOTECHNO
  12 FILES SEARCHED...
         17   FILE CABA
       2723   FILE CANCERLIT
        923   FILE CAPLUS
          2*  FILE CEABA-VTB
          1   FILE CEN
         21*  FILE CIN
         15   FILE CONFSCI
         31   FILE DISSABS
         19   FILE DDFB
        828   FILE DDFU
        186   FILE DGENE
  25 FILES SEARCHED...
         19   FILE DRUGB
         12   FILE IMSDRUGNEWS
       2043   FILE DRUGU
         51   FILE IMSRESEARCH
         25   FILE EMBAL
       2579   FILE EMBASE
       1953*  FILE ESBIOBASE
        114*  FILE FEDRIP
          0*  FILE FOMAD
          0*  FILE FOREGE
          0*  FILE FROSTI
          0*  FILE FSTA
  38 FILES SEARCHED...
          7   FILE HEALSAFE
         52   FILE IFIPAT
        602   FILE JICST-EPLUS
          0*  FILE KOSMET
        144   FILE LIFESCI
          1*  FILE MEDICONF
       2489   FILE MEDLINE
          4   FILE NIOSHTIC
         34*  FILE NTIS
          0*  FILE NUTRACEUT
       1831*  FILE PASCAL
  52 FILES SEARCHED...
         36   FILE PHAR
         45*  FILE PHARMAML
         44   FILE PHIN
        263   FILE PROMT
       1376   FILE SCISEARCH
       3337   FILE TOXCENTER
       1076   FILE USPATFULL
         59   FILE USPAT2
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DELACROIX

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        22   FILE VETU
       139   FILE WPIDS
  67 FILES SEARCHED...
       139   FILE WPINDEX

  49 FILES HAVE ONE OR MORE ANSWERS,   69 FILES SEARCHED IN STNINDEX

L2   QUE (CHEMOTHERAP? OR TAXOL OR PACLITAXEL? OR TAXAN?)(P)(SUB(2A) THERAPEU?
       OR LOW?(3A) DOS?) AND (CANCER? OR TUMOR? OR TUMOUR? OR NEOPLAS?)

=> file biosis, cancerlit, drugu, embase, ifipat, lifesci, medline, pascal, phar,
pharmaml, scisearch, toxcenter, wpids
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=> s l2
   3 FILES SEARCHED...
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'TAXAN?)(P)(SUB'
   8 FILES SEARCHED...
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'TAXAN?)(P)(SUB'
L3       18702 L2

=> s l3 and (breast? or prostate or bladder or ovarian or lung)
L4        7144 L3 AND (BREAST? OR PROSTATE OR BLADDER OR OVARIAN OR LUNG)

=> s l4 and py<=1999
   2 FILES SEARCHED...
   6 FILES SEARCHED...
   8 FILES SEARCHED...
'1999' NOT A VALID FIELD CODE
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  12 FILES SEARCHED...
L5         4916 L4 AND PY<=1999

=> dup rem l5
DUPLICATE IS NOT AVAILABLE IN 'PHAR, PHARMAML'.
ANSWERS FROM THESE FILES WILL BE CONSIDERED UNIQUE
PROCESSING IS APPROXIMATELY  42% COMPLETE FOR L5
PROCESSING IS APPROXIMATELY  68% COMPLETE FOR L5
PROCESSING IS APPROXIMATELY  99% COMPLETE FOR L5
PROCESSING COMPLETED FOR L5
L6          2174 DUP REM L5 (2742 DUPLICATES REMOVED)

=> s l6 and intraven?
L7           214 L6 AND INTRAVEN?
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FILE 'BIOSIS, CANCERLIT, DRUGU, EMBASE, IFIPAT, LIFESCI, MEDLINE, PASCAL, PHAR, PHARMAML, SCISEARCH, TOXCENTER, WPIDS' ENTERED AT 21:01:36 ON 14 MAY 2004

L3 18702 S L2
L4 7144 S L3 AND (BREAST? OR PROSTATE OR BLADDER OR OVARIAN OR LUNG)
L5 4916 S L4 AND PY<=1999
L6 2174 DUP REM L5 (2742 DUPLICATES REMOVED)
L7 214 S L6 AND INTRAVEN?

=> d l7 abs ibib kwic 60-75

L7 ANSWER 60 OF 214 CANCERLIT on STN

AB The purpose of this study was to determine the maximally tolerated dose of doxorubicin administered during two cycles of intensive **chemotherapy** with cyclophosphamide and doxorubicin without stem cell support in patients with advanced **cancer** and to assess the cumulative cardiac toxicity of the regimen by noninvasive radionuclide imaging and by pre-and postchemotherapy endomyocardial biopsies. Thirty-eight patients (thirty-six with high risk or metastatic **breast cancer**) were treated in a dose-escalation trial using a fixed dose of i.v. cyclophosphamide (4.2 g/m2) administered over 2 h on day 5 and escalating doses of doxorubicin (50-175 mg/m2) given as a 96-h continuous i.v. infusion on days 1-4, using Filgrastim (granulocyte colony-stimulating factor) for hematological support beginning on day 6. All patients underwent pretreatment, and 28 patients underwent postchemotherapy endomyocardial biopsies. Twenty-nine of 38 patients received two cycles of treatment (median number of days between cycles, 44; range, 34-62). Twenty-one patients had received doxorubicin previously at cumulative dose levels </=150 mg/m2; all patients had pretreatment endomyocardial biopsy scores less than 1. One patient treated at the highest dose level of doxorubicin (175 mg/m2) developed symptoms of mild congestive heart failure following two cycles of **chemotherapy**. Pre- and posttreatment radionuclide ejection fractions were 65 and 45%, respectively; this patient had a posttreatment endomyocardial biopsy score of 1 (damage to <5% of myocytes). One additional patient at this dose level had an asymptomatic biopsy score of 1, with a decrease in ejection fraction from 62 to 43%; this recovered to 58% 5 months after completion of **chemotherapy**. Six additional patients treated at **lower dose** levels had abnormal posttreatment endomyocardial biopsies without abnormal posttreatment ejection fractions. Nine patients received only one cycle of **chemotherapy**: five patients due to decreased cardiac ejection fraction following cycle 1 (two of these patients had normal endomyocardial biopsies, and two patients had biopsy scores of 1); one patient secondary to **tumor** progression following cycle one; one patient due to persistently detectable Clostridium difficile toxin in the stool; one patient refused cycle two; and one patient died following cycle one of complications related to sepsis. A single patient experienced a grand mal seizure associated with orthostatic hypotension, which was considered the dose-limiting toxicity. The median duration (over two cycles) of granulocytopenia (absolute granulocyte count <500/microliter) at the maximally tolerated dose level of 150 mg/m2 was 8.5 days (range, 5-13 days), and the median duration of thrombocytopenia (platelets <20,000/microliter) was 2.5 days (range, 0-9 days). The median duration of hospitalization including **chemotherapy** administration was 23 days (range, 19-36 days). Other toxicities included stomatitis, fever, diarrhea, and emesis. One patient developed acute leukemia 54 months posttreatment. We conclude that two courses of high-dose cyclophosphamide and doxorubicin using granulocyte

colony-stimulating factor are feasible and safe with tolerable myocardial toxicity as evidenced by serial endomyocardial biopsies. The dose-limiting toxicity encountered was a grand mal seizure. The recommended Phase II dose is doxorubicin 150 mg/m2 administered as a 96-h infusion on days 1-4, with cyclophosphamide 4. 2 g/m2 on day 5 and G-CSF 5 microgram/kg/day started on day 6 and administered until the total WBC is above 10,000/microliter for three consecutive days.

ACCESSION NUMBER: 1999111190 CANCERLIT
DOCUMENT NUMBER: 99111190 PubMed ID: 9815632
TITLE: High-dose infusional doxorubicin and cyclophosphamide: a feasibility study of tandem high-dose chemotherapy cycles without stem cell support.
AUTHOR: Morgan R J Jr; Doroshow J H; Venkataraman K; Chang K; Raschko J; Somlo G; Leong L; Tetef M; Shibata S; Hamasaki V; Margolin K; Forman S; Akman S; Coluzzi P; Ahn C; Weiss L; Gadgil U; Harrison J
CORPORATE SOURCE: Department of Medical Oncology, City of Hope National Medical Center, Duarte, California 91010, USA.
CONTRACT NUMBER: CA 33572 (NCI)
SOURCE: CLINICAL CANCER RESEARCH, **(1997 Dec)** 3 (12 Pt 1) 2337-45.
Journal code: 9502500. ISSN: 1078-0432.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
(CLINICAL TRIAL, PHASE II)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: MEDLINE; Priority Journals
OTHER SOURCE: MEDLINE 1999111190
ENTRY MONTH: 199903
ENTRY DATE: Entered STN: 19990428
Last Updated on STN: 19990428
SO CLINICAL CANCER RESEARCH, **(1997 Dec)** 3 (12 Pt 1) 2337-45.
Journal code: 9502500. ISSN: 1078-0432.
AB The purpose of this study was to determine the maximally tolerated dose of doxorubicin administered during two cycles of intensive **chemotherapy** with cyclophosphamide and doxorubicin without stem cell support in patients with advanced **cancer** and to assess the cumulative cardiac toxicity of the regimen by noninvasive radionuclide imaging and by pre-and postchemotherapy endomyocardial biopsies. Thirty-eight patients (thirty-six with high risk or metastatic **breast cancer**) were treated in a dose-escalation trial using a fixed dose of i.v. cyclophosphamide (4.2 g/m2) administered over 2 h on. . . at the highest dose level of doxorubicin (175 mg/m2) developed symptoms of mild congestive heart failure following two cycles of **chemotherapy**. Pre- and posttreatment radionuclide ejection fractions were 65 and 45%, respectively; this patient had a posttreatment endomyocardial biopsy score of. . . 1, with a decrease in ejection fraction from 62 to 43%; this recovered to 58% 5 months after completion of **chemotherapy**. Six additional patients treated at **lower dose** levels had abnormal posttreatment endomyocardial biopsies without abnormal posttreatment ejection fractions. Nine patients received only one cycle of **chemotherapy**: five patients due to decreased cardiac ejection fraction following cycle 1 (two of these patients had normal endomyocardial biopsies, and two patients had biopsy scores of 1); one patient secondary to **tumor** progression following cycle one; one patient due to persistently detectable Clostridium difficile toxin in the stool; one patient refused cycle. . . and the median duration of thrombocytopenia (platelets <20,000/microliter)

was 2.5 days (range, 0-9 days). The median duration of hospitalization including **chemotherapy** administration was 23 days (range, 19-36 days). Other toxicities included stomatitis, fever, diarrhea, and emesis. One patient developed acute leukemia. . .

CT . . .

Chemotherapy Protocols: AD, administration & dosage
Antineoplastic Combined Chemotherapy Protocols: AE, adverse effects
*Antineoplastic Combined Chemotherapy Protocols: TU, therapeutic use
***Breast Neoplasms: DT, drug therapy**
Breast Neoplasms: PA, pathology
Cyclophosphamide: AD, administration & dosage
*Cyclophosphamide: AE, adverse effects
Doxorubicin: AD, administration & dosage
*Doxorubicin: AE, adverse effects
Feasibility Studies
*Filgrastim: TU, therapeutic use
Gated Blood-Pool Imaging
Heart: DE, drug effects
Heart: RI, radionuclide imaging
Infusions, Intravenous
Lymphatic Metastasis
Middle Age
Neoplasm Metastasis
Neoplasm Staging

L7 ANSWER 61 OF 214 CANCERLIT on STN

AB Relapse after high-dose **chemotherapy** supported by peripheral blood stem cell transplantation (HDC-PBSCT) is the main cause of therapeutic failure in patients with lymphoma and **breast cancer**. Adoptive immunotherapy with activated natural killer (A-NK) cells and interleukin 2 might eliminate surviving residual **tumor** without adding to toxicity. Eleven patients with relapsed lymphoma and one with metastatic **breast cancer** were entered on a pilot clinical trial of HDC-PBSCT followed on day 2 after transplant by infusion of cultured autologous A-NK cells. Simultaneously, recombinant human interleukin 2 (rhIL-2) was initiated as a 4-day continuous i.v. infusion at 2 x 10(6) IU/m2/day, referred to as high-dose rhIL-2. Therapy with high-dose rhIL-2 was followed by a 90-day continuous i. v. infusion at 3 x 10(5) IU/m2/day, referred to as **low-dose** rhIL-2. All patients engrafted and nine completed treatment. Posttransplant days to a neutrophil count of 500/microliter and to a platelet count of 50,000/microliter were similar to comparable patients treated with HDC-PBSCT alone. Generation of A-NK cells for therapy was feasible in all patients except the three patients with Hodgkin's disease, whose cells did not proliferate in culture. Overall toxicity associated with early posttransplant transfer of A-NK cells and interleukin 2 did not differ from that observed with peripheral blood stem cell transplantation alone in comparable patients. There was early amplification of natural killer cell activity in the peripheral blood of four patients that appeared to result from the transfused A-NK cells. Adoptive transfer of A-NK cells and rhIL-2 during the pancytopenic phase after HDC-PBSCT was feasible and well tolerated, did not adversely affect engraftment, and resulted in amplified natural killer activity in the peripheral blood during the immediate posttransplantation period.

ACCESSION NUMBER: 1999034854 CANCERLIT
DOCUMENT NUMBER: 99034854 PubMed ID: 9816022
TITLE: Autologous peripheral blood stem cell transplantation and adoptive immunotherapy with activated natural killer cells in the immediate posttransplant period.

AUTHOR: Lister J; Rybka W B; Donnenberg A D; deMagalhaes-Silverman M; Pincus S M; Bloom E J; Elder E M; Ball E D; Whiteside T L
CORPORATE SOURCE: Division of Hematology/Bone Marrow Transplantation, Department of Medicine, Pittsburgh Cancer Institute, Pennsylvania 15213-2582,.
CONTRACT NUMBER: 5U01-CA58271-02 (NCI)
SOURCE: CLINICAL CANCER RESEARCH, **(1995 Jun)** 1 (6) 607-14.
Journal code: 9502500. ISSN: 1078-0432.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: MEDLINE; Priority Journals
OTHER SOURCE: MEDLINE 1999034854
ENTRY MONTH: 199902
ENTRY DATE: Entered STN: 19990405
Last Updated on STN: 19990405
SO CLINICAL CANCER RESEARCH, **(1995 Jun)** 1 (6) 607-14.
Journal code: 9502500. ISSN: 1078-0432.
AB Relapse after high-dose **chemotherapy** supported by peripheral blood stem cell transplantation (HDC-PBSCT) is the main cause of therapeutic failure in patients with lymphoma and **breast cancer**. Adoptive immunotherapy with activated natural killer (A-NK) cells and interleukin 2 might eliminate surviving residual **tumor** without adding to toxicity. Eleven patients with relapsed lymphoma and one with metastatic **breast cancer** were entered on a pilot clinical trial of HDC-PBSCT followed on day 2 after transplant by infusion of cultured autologous. . . with high-dose rhIL-2 was followed by a 90-day continuous i. v. infusion at 3 x 10(5) IU/m2/day, referred to as **low-dose** rhIL-2. All patients engrafted and nine completed treatment. Posttransplant days to a neutrophil count of 500/microliter and to a platelet. . .
CT Check Tags: Human; Support, Non-U.S. Gov't; Support, U.S. Gov't, P.H.S.
*Adoptive Transfer
Adult
Aged
Antineoplastic Agents: TU, therapeutic use
Breast Neoplasms: IM, immunology
Breast Neoplasms: TH, therapy
Busulfan: TU, therapeutic use
Cells, Cultured
Cyclophosphamide: TU, therapeutic use
*Hematopoietic Stem Cell Transplantation
Ifosfamide: TU, therapeutic use
Infusions, Intravenous
Interleukin-2: AD, administration & dosage
*Interleukin-2: TU, therapeutic use
*Killer Cells, Natural: IM, immunology
*Lymphocyte Transfusion
Lymphoma: IM,. . .

L7 ANSWER 62 OF 214 CANCERLIT on STN
AB A combination chemotherapy with continuous infusion of cisplatin (5 mg/body, day 1-5) and UFT (400-600 mg/body, day 1-5) was administered to thirteen patients for advanced non-small cell **lung cancer**. Myelosuppression and other toxicity were mild, and the quality of life of the patients was good. The response rate of thirteen

patients was 23% (CR 0, PR 3). It was considered that chemotherapy using cisplatin (5 mg/body, day 1-5) and UFT (400-600 mg/body, day 1-5) was well tolerated and effective for the treatment of non-small cell **lung cancer**.

ACCESSION NUMBER: 1998392457 CANCERLIT
DOCUMENT NUMBER: 98392457 PubMed ID: 9725046
TITLE: Combination **chemotherapy** with continuous infusion of **low-dose** cisplatin and UFT for advanced non-small cell **lung cancer**.
AUTHOR: Seike M; Andoh M; Hasegawa K; Sakonji M; Tsuboi E
CORPORATE SOURCE: Dept. of Internal Medicine, Tsauboi Hospital.
SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], **(1998 Aug)** 25 (10) 1539-42.
Journal code: 7810034. ISSN: 0385-0684.
PUB. COUNTRY: Japan
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Japanese
FILE SEGMENT: MEDLINE; Priority Journals
OTHER SOURCE: MEDLINE 1998392457
ENTRY MONTH: 199809
ENTRY DATE: Entered STN: 19981007
Last Updated on STN: 19981007

TI Combination **chemotherapy** with continuous infusion of **low-dose** cisplatin and UFT for advanced non-small cell **lung cancer**.

SO GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], **(1998 Aug)** 25 (10) 1539-42.
Journal code: 7810034. ISSN: 0385-0684.

AB . . . cisplatin (5 mg/body, day 1-5) and UFT (400-600 mg/body, day 1-5) was administered to thirteen patients for advanced non-small cell **lung cancer**. Myelosuppression and other toxicity were mild, and the quality of life of the patients was good. The response rate of. . . mg/body, day 1-5) and UFT (400-600 mg/body, day 1-5) was well tolerated and effective for the treatment of non-small cell **lung cancer**.

CT Check Tags: Female; Human; Male
Aged
Aged, 80 and over
*Antineoplastic Combined Chemotherapy Protocols: TU, therapeutic use
***Carcinoma, Non-Small-Cell Lung: DT, drug therapy**
Cisplatin: AD, administration & dosage
Drug Administration Schedule
English Abstract
Infusions, Intravenous
***Lung Neoplasms: DT, drug therapy**
Middle Age
Tegafur: AD, administration & dosage
Uracil: AD, administration & dosage

L7 ANSWER 63 OF 214 CANCERLIT on STN

AB Biochemical modulation of 5-FU by leucovorin (LV) has been demonstrated to increase the therapeutic effect compared to single agent 5-FU in the treatment of patients (pts) with advanced colorectal **cancer**. The purpose of this study was to determine the effectiveness of the 5-FU + LV combination as adjuvant therapy following surgery in pts with Dukes' B, C colon **cancer**. Pts were entered in a stratified clinical trial comparing two different combination **chemotherapeutic** regimens to single agent 5-FU, given orally as a control. This report summarized the result of treatment in 61 pts who were 5-FU oral alone and 32 pts who were

5-FU (375 mg/m2) and **low-dose** LV (20 mg/m2) **intravenously** for 5 days with 5-FU oral intake. 5-FU with LV regimen was associated with an improved survival compared with the single agent 5-FU oral intake ($p < 0.05$). 5-FU with LV regimen resulted in less recurrence in liver and **lung** compared with single-agent 5-FU oral intake.

ACCESSION NUMBER: 1998344523 CANCERLIT
DOCUMENT NUMBER: 98344523 PubMed ID: 9679580
TITLE: 5-fluorouracil and low-dose leucovorin as surgical adjuvant therapy from viewpoint of long-term outcome.
AUTHOR: Hara A; Chung Y S; Kawai M; Matsubara T; Satake K; Miyazaki H
CORPORATE SOURCE: Dept. of Surgery, Osaka Prefecture Saiseikai Suita Hospital.
SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], **(1998 Jul)** 25 (8) 1173-7.
Journal code: 7810034. ISSN: 0385-0684.
PUB. COUNTRY: Japan
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Japanese
FILE SEGMENT: MEDLINE; Priority Journals
OTHER SOURCE: MEDLINE 1998344523
ENTRY MONTH: 199808
ENTRY DATE: Entered STN: 19980910
Last Updated on STN: 19980910

SO GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], **(1998 Jul)** 25 (8) 1173-7.
Journal code: 7810034. ISSN: 0385-0684.

AB . . . demonstrated to increase the therapeutic effect compared to single agent 5-FU in the treatment of patients (pts) with advanced colorectal **cancer**. The purpose of this study was to determine the effectiveness of the 5-FU + LV combination as adjuvant therapy following surgery in pts with Dukes' B, C colon **cancer**. Pts were entered in a stratified clinical trial comparing two different combination **chemotherapeutic** regimens to single agent 5-FU, given orally as a control. This report summarized the result of treatment in 61 pts who were 5-FU oral alone and 32 pts who were 5-FU (375 mg/m2) and **low-dose** LV (20 mg/m2) **intravenously** for 5 days with 5-FU oral intake. 5-FU with LV regimen was associated with an improved survival compared with the single agent 5-FU oral intake ($p < 0.05$). 5-FU with LV regimen resulted in less recurrence in liver and **lung** compared with single-agent 5-FU oral intake.

CT Check Tags: Female; Human; Male
*Antineoplastic Combined Chemotherapy Protocols: AD, administration & dosage
Chemotherapy, Adjuvant
***Colonic Neoplasms: DT, drug therapy**
Colonic Neoplasms: PA, pathology
Colonic Neoplasms: SU, surgery
Drug Administration Schedule
English Abstract
Fluorouracil: AD, administration & dosage
Follow-Up Studies
Leucovorin: AD, administration &. . .

L7 ANSWER 64 OF 214 CANCERLIT on STN

AB To evaluate the safety and efficacy of weekly **low-dose** **paclitaxel** (**Taxol**; Bristol-Myers Squibb Company, Princeton, NJ) in patients with refractory **cancer**, participating

subjects received standard prophylactic medication followed by **intravenous paclitaxel** once a week for 3 weeks every 4 weeks. The 50-mg/m2 starting dose was increased by 10 mg/m2 for every five patients, as long as no dose-limiting toxicity had occurred in more than two of five patients treated at the preceding level. Eligibility criteria included metastatic and refractory malignant disease; an Eastern Cooperative Oncology Group performance status of 0, 1, or 2; and adequate hematologic, hepatic, and renal functions. Of 30 patients treated and evaluable for toxicity, 25 were evaluable for response. The majority of patients tolerated the treatment very well. In a total of 114 cycles, the worst toxicities observed were leukopenia (one grade 4, two grade 3), granulocytopenia (one grade 3, one grade 4), anemia (one grade 3, two grade 2), and infection (one grade 5, one grade 3). Three patients had grade 2 gastrointestinal toxicity and three had grade 1 peripheral neuropathy. Only one dose-limiting toxicity, at 100 mg/m2, has occurred. This patient died of bilateral pneumonia with neutropenia. We have observed partial responses in seven of 12 patients with **breast cancer** and three of eight with non-small cell **lung cancer**. The study remains open at the current dose level of 100 mg/m2/wk. Weekly **low-dose paclitaxel** is well tolerated and efficacious. Further phase II studies are warranted, to continue evaluation of this schedule of **paclitaxel** either alone or in combination with other drugs active in **paclitaxel** -responsive diseases.

ACCESSION NUMBER: 1998040254 CANCERLIT
DOCUMENT NUMBER: 98040254 PubMed ID: 9374098
TITLE: Dose-escalation study of weekly 1-hour paclitaxel administration in patients with refractory **cancer** .
AUTHOR: Chang A Y; Boros L; Asbury R; Hui L; Rubins J
CORPORATE SOURCE: Interlakes Oncology and Hematology, P.C., Upstate NY Cancer Research and Education Foundation, Rochester 14623, USA.
SOURCE: SEMINARS IN ONCOLOGY, **(1997 Oct)** 24 (5 Suppl 17) S17-69-S17-71.
Journal code: 0420432. ISSN: 0093-7754.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: MEDLINE; Priority Journals
OTHER SOURCE: MEDLINE 1998040254
ENTRY MONTH: 199712
ENTRY DATE: Entered STN: 19980109
Last Updated on STN: 19980109

TI Dose-escalation study of weekly 1-hour paclitaxel administration in patients with refractory **cancer**.

SO SEMINARS IN ONCOLOGY, **(1997 Oct)** 24 (5 Suppl 17) S17-69-S17-71.
Journal code: 0420432. ISSN: 0093-7754.

AB To evaluate the safety and efficacy of weekly **low-dose paclitaxel** (**Taxol**; Bristol-Myers Squibb Company, Princeton, NJ) in patients with refractory **cancer**, participating subjects received standard prophylactic medication followed by **intravenous paclitaxel** once a week for 3 weeks every 4 weeks. The 50-mg/m2 starting dose was increased by 10 mg/m2 for every. . . occurred. This patient died of bilateral pneumonia with neutropenia. We have observed partial responses in seven of 12 patients with **breast cancer** and three of eight with non-small cell **lung cancer**. The study remains open at the current dose level of 100 mg/m2/wk. Weekly **low-dose**

paclitaxel is well tolerated and efficacious. Further phase II studies are warranted, to continue evaluation of this schedule of **paclitaxel** either alone or in combination with other drugs active in **paclitaxel**-responsive diseases.

CT . . . Human; Male; Support, Non-U.S. Gov't
Adult
Aged
Antineoplastic Agents, Phytogenic: AD, administration & dosage
*Antineoplastic Agents, Phytogenic: TU, therapeutic use
Breast Neoplasms: DT, drug therapy
Carcinoma, Non-Small-Cell Lung: DT, drug therapy
Drug Administration Schedule
Lung Neoplasms: DT, drug therapy
Middle Age
***Neoplasms: DT, drug therapy**
Paclitaxel: AD, administration & dosage
*Paclitaxel: TU, therapeutic use

L7 ANSWER 65 OF 214 CANCERLIT on STN
AB Renal cell **cancer** has a high degree of intrinsic resistance to cytotoxic agents. A high proportion of renal cell **cancer** demonstrate unstable chromosomal aberrations such as fragments, breaks, and double minutes, and/or overexpression of mdr1 gene. Exposure of resistant **tumour** cells to **low dose** HU in vitro results in loss of double minutes in these **tumor** cells (Proc Natl Acad Sci; 80:7533-7 1983) and a decrease in the mdr1 gene copy number with parallel increased sensitivity of resistant **tumor** cells to VLB (**Cancer** Research; 51:6273-9 1991). To determine the clinical relevance of these laboratory findings, we conducted a trial of HU and VLB in patients with metastatic renal cell **cancer**. Patients received oral HU 500 mg every Monday, Wednesday, and Friday starting one week before the first dose of VLB and continued throughout the duration of the study. VLB was given at 5 mg/m2 on days 1 and 8 **intravenously** every 21 days. Eighteen patients were registered into this study. Two patients never received VLB because of rapid deterioration in their disease. Sixteen patients were evaluable. Median age was 63.5 years (range 47-80), median performance status 1 (range 0-2). Three patients had prior **chemotherapy** (vinblastine, fluorouracil, and carboplatin). One patient had prior immunotherapy with interferon. Median number of metastatic sites was 2.5 (range 1-4). The median number of courses of VLB was 5 (range 1-9). Non- hematological toxicities consisted of constipation: three grade 1, one grade 2, and one grade 3; abdominal cramps: three grade 1, fatigue: three grade 1; neuropathy: one grade 1; myalgia: one grade 2; and phlebitis: one grade 1. There was one grade 3 and two grade 4 absolute neutropenia. Two patients developed febrile neutropenia requiring hospital admission. Two other hospital admissions were for non-neutropenic **lung** infection and seizures. There was no treatment related mortality. Three patients (18.8%) had partial responses - one in the lungs, another in the lungs, liver, and primary **tumor**, and the third patient in soft tissues and retroperitoneal adenopathy. Durations of partial responses were 11, 18, and 20 weeks. Six patients (47%) had stable disease (range 7 to 29 weeks). Median survival for this cohort of patients was 46 weeks (95% CI 21 weeks - 83 weeks). **Low dose** HU and VLB was well tolerated. However, the addition of HU at the current dose did not appear to enhance the antitumor effect of VLB.

ACCESSION NUMBER: 97600295 CANCERLIT
DOCUMENT NUMBER: 97600295

TITLE: Low dose hydroxyurea (HU) and vinblastine (VLB) in metastatic renal cell **cancer** (Meeting abstract).
AUTHOR: Huan S; Yau J; Segal R; Goel R; Gertler S; Stewart D J
CORPORATE SOURCE: Ottawa Regional Cancer Centre, Ottawa, ON, Canada.
SOURCE: Proc Annu Meet Am Soc Clin Oncol, **(1996)** 15 A688.
ISSN: 0732-183X.
DOCUMENT TYPE: (MEETING ABSTRACTS)
LANGUAGE: English
FILE SEGMENT: Institute for Cell and Developmental Biology
ENTRY MONTH: 199701
ENTRY DATE: Entered STN: 19980417
Last Updated on STN: 19980417

TI Low dose hydroxyurea (HU) and vinblastine (VLB) in metastatic renal cell **cancer** (Meeting abstract).
SO Proc Annu Meet Am Soc Clin Oncol, **(1996)** 15 A688.
ISSN: 0732-183X.
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L7 ANSWER 66 OF 214 CANCERLIT on STN
AB PURPOSE: To determine the activity, toxicity, and optimal dose of **paclitaxel** when given by one hour infusion combined with carboplatin in advanced non-small cell **lung cancer** (NSCLC). PATIENTS AND METHODS: Thirty-seven previously untreated patients with stage IIIB or IV NSCLC were enrolled. **Paclitaxel** was administered by one hour infusion at a dose of 175 mg/m2 for the first cycle, and was escalated up to 255 mg/m2 over successive cycles if tolerated. In the absence of toxicity, the carboplatin dose was kept constant at an area under the concentration-time curve (AUC) of 6. Cycles

were repeated at 3-week intervals until progression or intolerable toxicity occurred. RESULTS: Thirty-six patients were evaluable for toxicity and survival, and thirty-five for responses. The partial response rate was 10 of 35 (29%) and there were no complete responses. The median duration of response was 4.8 months (range 0.5-11.7 months). The median survival duration was 6.5 months, and 1 year survival was 31%. The mean **paclitaxel** dose was 188 mg/m2. Treatment was generally well tolerated. Four patients (11%) had febrile neutropenia. Five patients (14%) had grade 3 neuropathy, and 4 (11%) had grade 3 nausea and vomiting. Minor toxicities included alopecia, myalgias, arthralgias and stomatitis. CONCLUSIONS: **Paclitaxel** and carboplatin is a well-tolerated regimen that can safely be given by a one hour **paclitaxel** infusion. The modest response rate observed in this study may be due to either the **low dose**-intensity of **paclitaxel** or the short infusion duration. Further trials to optimize the relative doses of **paclitaxel** and carboplatin are needed.

ACCESSION NUMBER: 97414074 CANCERLIT
DOCUMENT NUMBER: 97414074 PubMed ID: 9268950
TITLE: Phase II study of a one hour paclitaxel infusion in combination with carboplatin for advanced non-small cell **lung cancer**.
AUTHOR: Evans W K; Earle C C; Stewart D J; Dahrouge S; Tomiak E; Goss G; Logan D; Goel R; Gertler S Z; Dulude H
CORPORATE SOURCE: Ottawa Regional Cancer Centre, University of Ottawa, Ontario Cancer Treatment and Research Foundation, Canada.
SOURCE: LUNG CANCER, **(1997 Aug)** 18 (1) 83-94.
Journal code: 8800805. ISSN: 0169-5002.
PUB. COUNTRY: Ireland
DOCUMENT TYPE: (CLINICAL TRIAL)
(CLINICAL TRIAL, PHASE II)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
LANGUAGE: English
FILE SEGMENT: MEDLINE; Priority Journals
OTHER SOURCE: MEDLINE 97414074
ENTRY MONTH: 199709
ENTRY DATE: Entered STN: 19971105
Last Updated on STN: 19971105

TI Phase II study of a one hour paclitaxel infusion in combination with carboplatin for advanced non-small cell **lung cancer**.

SO LUNG CANCER, **(1997 Aug)** 18 (1) 83-94.
Journal code: 8800805. ISSN: 0169-5002.

AB PURPOSE: To determine the activity, toxicity, and optimal dose of **paclitaxel** when given by one hour infusion combined with carboplatin in advanced non-small cell **lung cancer** (NSCLC). PATIENTS AND METHODS: Thirty-seven previously untreated patients with stage IIIB or IV NSCLC were enrolled. **Paclitaxel** was administered by one hour infusion at a dose of 175 mg/m2 for the first cycle, and was escalated up. . . 4.8 months (range 0.5-11.7 months). The median survival duration was 6.5 months, and 1 year survival was 31%. The mean **paclitaxel** dose was 188 mg/m2. Treatment was generally well tolerated. Four patients (11%) had febrile neutropenia. Five patients (14%) had grade. . . 3 neuropathy, and 4 (11%) had grade 3 nausea and vomiting. Minor toxicities included alopecia, myalgias, arthralgias and stomatitis. CONCLUSIONS: **Paclitaxel** and carboplatin is a well-tolerated regimen that can safely be given by a one hour **paclitaxel** infusion. The modest response rate observed in this study may be due to either the **low dose**-intensity of **paclitaxel** or the short infusion duration. Further trials to

optimize the relative doses of **paclitaxel** and carboplatin are needed.

CT . . . Female; Human; Male; Support, Non-U.S. Gov't
Adult
Aged
*Antineoplastic Combined Chemotherapy Protocols: TU, therapeutic use
Carboplatin: AD, administration & dosage
***Carcinoma, Non-Small-Cell Lung: DT, drug therapy**
Drug Administration Schedule
Infusions, Intravenous
***Lung Neoplasms: DT, drug therapy**
Middle Age
Paclitaxel: AD, administration & dosage

L7 ANSWER 67 OF 214 CANCERLIT on STN

AB A total of 55 patients with measurable colorectal metastatic carcinoma were studied to evaluate the impact on toxicity, response, and survival of protracted venous infusion (PVI) 5-FU 200 mg/m2 per day with Cis-DDP 80 mg/m2 or carboplatin 300 mg/m2 every 3 weeks, 1-hour infusion. Patients received continuous uninterrupted therapy until there were signs or symptoms of toxicity. Both 5-FU and cisplatin were withheld when patients experienced grade II stomatitis and diarrhea, severe nausea or vomiting not controlled by standard antiemetic therapy, and clinically significant hand-foot syndrome. The toxicity was neurological (20% grade 2 and 3) hematological (13% grade 2) and dermatological (11% grade 2). The overall response (CR+PR) was 24% with a median survival of 13 months. The results of our study show that there is no improvement in response rate, response duration or survival compared with historical trials. However, this study does confirm the valuable palliative role of the protracted 5-FU infusion treatment. Colorectal carcinoma is one of the most common **neoplasms** in Western societies, being second only to **lung cancer** as a cause of death from malignancy. The management of nonmetastatic primary disease in surgical, with adjuvant **chemotherapy** for those at high risk of relapse. However, for those with metastatic disease at diagnosis or recurrent disease after resection, cytotoxic **chemotherapy** is the treatment of choice and fluorouracil (5-FU) is the most active cytotoxic agent in this disease, with a response rate of approximately 20%. Efforts to improve the response rate have focused on the use of agents to modulate 5 FU. The Southwestern Oncology Group (SWOG) study reported by Leichman et al. (1) and a study from the United Kingdom by Hill et al. (2) compared conventional FU to modulated FU and found no improvement in response rate or survival. In the SWOG study, two different schedules of bolus FU and LV were compared with bolus FU alone and to continuous infusion FU administered alone or modulated by LV or PALA. In this study, the results obtained with bolus FU were superior to most of the studies in the literature: The response rate was 26%, and the median survival was 14 months. The high- and **low -dose** LV and FU groups showed response rates and survival similar to bolus FU alone. However, in 12 previously reported randomized studies comparing FU and LV or FU alone, nine reported that the combination of FU and LV produced significant increases in response rates and two reported significant increase in survival (3, 4). Many of these trials used the dose schedules reported in the SWOG trial. Protracted venous infusion (PVI) 5-FU has been shown to have superior efficacy with less toxicity in colorectal **cancer** when compared to bolus 5-FU and synergy between cisplatin and 5-FU has been demonstrated in vitro. Consequently, we have investigated the efficacy of the combination of bolus cis or carboplatin and PVI 5 FU in 55 patients with advanced colorectal **cancer** using survival, response rate, symptomatic

response, and toxicity as study endpoints.

ACCESSION NUMBER: 97373287 CANCERLIT
DOCUMENT NUMBER: 97373287 PubMed ID: 9229328
TITLE: First-line protracted venous infusion fluorouracil with CisDDP or carboplatin in advanced colorectal **cancer**.
AUTHOR: Garcia-Giralt E; Beuzeboc P; Deffontaines D; Dieras V; Dorval T; Jouve M; Palangie T; Scholl S; Pouillart P
CORPORATE SOURCE: Institut Curie, Paris, France.
SOURCE: JOURNAL OF INFUSIONAL CHEMOTHERAPY, **(1996 Summer)** 6 (3) 149-51.
Journal code: 9306406. ISSN: 1060-0051.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
(CLINICAL TRIAL, PHASE II)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: MEDLINE; Priority Journals
OTHER SOURCE: MEDLINE 97373287
ENTRY MONTH: 199709
ENTRY DATE: Entered STN: 19971009
Last Updated on STN: 19971009

TI First-line protracted venous infusion fluorouracil with CisDDP or carboplatin in advanced colorectal **cancer**.

SO JOURNAL OF INFUSIONAL CHEMOTHERAPY, **(1996 Summer)** 6 (3) 149-51.
Journal code: 9306406. ISSN: 1060-0051.

AB . . . does confirm the valuable palliative role of the protracted 5-FU infusion treatment. Colorectal carcinoma is one of the most common **neoplasms** in Western societies, being second only to **lung cancer** as a cause of death from malignancy. The management of nonmetastatic primary disease in surgical, with adjuvant **chemotherapy** for those at high risk of relapse. However, for those with metastatic disease at diagnosis or recurrent disease after resection, cytotoxic **chemotherapy** is the treatment of choice and fluorouracil (5-FU) is the most active cytotoxic agent in this disease, with a response. . . the studies in the literature: The response rate was 26%, and the median survival was 14 months. The high- and **low -dose** LV and FU groups showed response rates and survival similar to bolus FU alone. However, in 12 previously reported randomized. . . the SWOG trial. Protracted venous infusion (PVI) 5-FU has been shown to have superior efficacy with less toxicity in colorectal **cancer** when compared to bolus 5-FU and synergy between cisplatin and 5-FU has been demonstrated in vitro. Consequently, we have investigated. . . the efficacy of the combination of bolus cis or carboplatin and PVI 5 FU in 55 patients with advanced colorectal **cancer** using survival, response rate, symptomatic response, and toxicity as study endpoints.

CT . . .
Antimetabolites, Antineoplastic: TU, therapeutic use
Antineoplastic Combined Chemotherapy Protocols: TU, therapeutic use
*Carboplatin: TU, therapeutic use
*Cisplatin: TU, therapeutic use
***Colorectal Neoplasms: DT, drug therapy**
Colorectal Neoplasms: MO, mortality
Colorectal Neoplasms: SC, secondary
Fluorouracil: AD, administration & dosage
Fluorouracil: AE, adverse effects
*Fluorouracil: TU, therapeutic use
Infusions, Intravenous
Middle Age

Survival Rate
Treatment Outcome

L7 ANSWER 68 OF 214 CANCERLIT on STN

AB The inhibitory effects of GG032X tablets, a new dosage form (fast dispersing tablet) of ondansetron, 5-HT2 receptor antagonist, on nausea and emesis induced by cisplatin (CDDP), were investigated along with safety and usefulness. Subjects were **chemotherapy** patients starting CDDP administration for the first time, who were receiving a high single dose of CDDP (50 mg/m2 or more and **intravenous** drip infusion of less than 4 hours), or **lower** multiple **doses** of CDDP (a single dose of 10 mg/m2 or more, administered **intravenously** for 3-5 consecutive days). GG032X tablets were administered orally 1-2 hours before CDDP administration. In **lower** multiple **doses** of CDDP, GG032X tablets and CDDP were administered, as much as possible, at the same respective time when they were administered on the first day. Efficacy of GG032X tablets was evaluated in terms of inhibitory effect on nausea and emesis 24 hours after administration of a high single dose of CDDP, and of the inhibitory effect on nausea and emesis during the study period (3-5 days) in **lower** multiple **doses** of CDDP. Efficacy, safety and usefulness were evaluated in accordance with the evaluation criteria used in the clinical study of already-approved ondanstron tablets. In a high single dose of CDDP, the cases judged "effective" or better in the investigation of the inhibitory effect of the drug on nausea and emesis, accounted for 52.9% (63/119 cases). As for the overall safety rating, the cases judged as "safe" accounted for 87.0% (107/123 cases), and as a "minor safety problem" accounted for 13.0% (16/123 cases). As for the usefulness rating, the cases judged "useful" or better accounted for 52.1% (62/119 cases). Major adverse effects included headache, fever, atrial fibrillation and increases in total bilirubin, GOT and GPT values. None of these was serious, and the patients recovered without any treatment or by nosotropic therapy. Meanwhile, in **lower** multiple **doses** of CDDP, the inhibitory effect judged "effective" or better accounted for 70.6% (12/17 cases). As for the overall safety rating, all cases were judged "safe". In terms of usefulness, those cases judged "useful" or better accounted for 70.6% (12/17 cases). No adverse effect was observed. Study results of these two groups were almost the same as those for already-approved ondansetron tablets. According to the results of questionnaires for the patients who participated in the study and took GG032X tablets, the drug was found to be easy to take and had favorable results. Based on the above results, GG032X tablets were evaluated as having the same inhibitory effect as the already-approved ondansetron tablets against CDDP-induced nausea and emesis, and were considered safe and clinically useful.

ACCESSION NUMBER: 97356374 CANCERLIT
DOCUMENT NUMBER: 97356374 PubMed ID: 9212810
TITLE: Clinical efficacy of GG032X tablets, a new dosage form of ondansetron (fast dispersing tablet), on cisplatin-induced nausea and emesis.
AUTHOR: Ariyoshi Y; Nukariya N; Akasaka Y; Suminaga M; Ota J; Ikeda M; Taguchi T
CORPORATE SOURCE: Dept. of Hematology and Chemotherapy, Aichi Cancer Center.
SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], **(1997 Jun)** 24 (8) 995-1011.
Journal code: 7810034. ISSN: 0385-0684.
PUB. COUNTRY: Japan
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)

(MULTICENTER STUDY)
LANGUAGE: Japanese
FILE SEGMENT: MEDLINE; Priority Journals
OTHER SOURCE: MEDLINE 97356374
ENTRY MONTH: 199707
ENTRY DATE: Entered STN: 19970806
Last Updated on STN: 19970806
SO GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], **(1997 Jun)** 24 (8) 995-1011.
Journal code: 7810034. ISSN: 0385-0684.
AB . . . 5-HT2 receptor antagonist, on nausea and emesis induced by cisplatin (CDDP), were investigated along with safety and usefulness. Subjects were **chemotherapy** patients starting CDDP administration for the first time, who were receiving a high single dose of CDDP (50 mg/m2 or more and **intravenous** drip infusion of less than 4 hours), or **lower** multiple **doses** of CDDP (a single dose of 10 mg/m2 or more, administered **intravenously** for 3-5 consecutive days). GG032X tablets were administered orally 1-2 hours before CDDP administration. In **lower** multiple **doses** of CDDP, GG032X tablets and CDDP were administered, as much as possible, at the same respective time when they were. . . single dose of CDDP, and of the inhibitory effect on nausea and emesis during the study period (3-5 days) in **lower** multiple **doses** of CDDP. Efficacy, safety and usefulness were evaluated in accordance with the evaluation criteria used in the clinical study of. . . GPT values. None of these was serious, and the patients recovered without any treatment or by nosotropic therapy. Meanwhile, in **lower** multiple **doses** of CDDP, the inhibitory effect judged "effective" or better accounted for 70.6% (12/17 cases). As for the overall safety rating,. . .
CT . . .
& dosage
Antiemetics: AE, adverse effects
*Antineoplastic Agents: AE, adverse effects
*Cisplatin: AE, adverse effects
Drug Administration Schedule
English Abstract
Genital Neoplasms, Female: DT, drug therapy
Infusions, Intravenous
Lung Neoplasms: DT, drug therapy
Middle Age
Nausea: CI, chemically induced
*Nausea: DT, drug therapy
*Ondansetron: AD, administration & dosage
. . .

L7 ANSWER 69 OF 214 CANCERLIT on STN
AB Continuous **intravenous** infusion (c.v.i.) of 5-fluorouracil (5-FU) plus daily **low-dose** cisplatin (CDDP) was evaluated in 45 patients with advanced and recurrent unresected colorectal, **lung**, gastric and pancreatic adenocarcinoma. 5-FU was given at a dose of 320 mg/m2/day, c.v.i. for 4 weeks, and CDDP between 3.5 to 7 mg/m2/day, infused for one hour five times a week for 4 weeks. Patients received 1 to 3 cycles of treatment (average 1.5 cycle). Pancreatic **cancer** cases needed longer treatment periods (2.25 cycles). The response rate of colorectal **cancer** cases was 57.7% (15/26), pancreas **cancer** 40%, gastric **cancer** 62.5%, and **lung cancer** 66.7%. The overall response rate was 57.8%. No severe side effects occurred in any of these cases. These data indicate that this combination 5-FU + daily **low-dose**

CDDP **chemotherapy** is effective in the treatment of advanced gastrointestinal and **lung** adenocarcinoma.

ACCESSION NUMBER: 97356368 CANCERLIT
DOCUMENT NUMBER: 97356368 PubMed ID: 9212804
TITLE: Combination **chemotherapy** of continuous infusion 5-fluorouracil and daily **low-dose** cisplatin in advanced gastrointestinal and **lung** adenocarcinoma.
AUTHOR: Sasaki K; Hirata K; Denno R; Oikawa I; Mukaiya M; Hiraike N; Yagihashi A; Takasaka H; Katsuramaki T; Yamashiro K; Yamamitsu S; Shirasaka T
CORPORATE SOURCE: 1st Dept. of Surgery, Sapporo Medical University, School of Medicine.
SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], **(1997 Jun)** 24 (8) 959-64.
Journal code: 7810034. ISSN: 0385-0684.
PUB. COUNTRY: Japan
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Japanese
FILE SEGMENT: MEDLINE; Priority Journals
OTHER SOURCE: MEDLINE 97356368
ENTRY MONTH: 199707
ENTRY DATE: Entered STN: 19970806
Last Updated on STN: 19970806

TI Combination **chemotherapy** of continuous infusion 5-fluorouracil and daily **low-dose** cisplatin in advanced gastrointestinal and **lung** adenocarcinoma.
SO GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], **(1997 Jun)** 24 (8) 959-64.
Journal code: 7810034. ISSN: 0385-0684.

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CT . . . Female; Human; Male
*Adenocarcinoma: DT, drug therapy
Aged
*Antineoplastic Combined Chemotherapy Protocols: TU, therapeutic use
Cisplatin: AD, administration & dosage
***Colonic Neoplasms: DT, drug therapy**
Drug Administration Schedule
English Abstract
Fluorouracil: AD, administration & dosage
Infusions, Intravenous
***Lung Neoplasms: DT, drug therapy**
***Stomach Neoplasms: DT, drug therapy**

L7 ANSWER 70 OF 214 CANCERLIT on STN

AB Topotecan (Hycamtin; SmithKline Beecham Pharmaceuticals, Philadelphia, PA) has emerged as a promising new **chemotherapy** drug for patients with refractory and progressive stage III and IV epithelial **ovarian** carcinoma. A semisynthetic analog of camptothecin, topotecan exerts its antitumor effects through inhibition of the nuclear enzyme topoisomerase I. Phase I trials found antitumor activity in many topotecan dosing schedules, one of which involved the administration of topotecan daily as a 30-minute infusion for 5 consecutive days, with the cycle repeated every 21 days. With this schedule, the maximum tolerated dose was found to be 1.5 mg/m2/d. In a series of phase II investigations in platinum-resistant **ovarian cancer** patients, response rates have ranged from 13% to 25%. In addition, a number of patients exhibit prolonged disease stabilization, with overall rates of nonprogression ranging from 37% to 81%. Activity in **paclitaxel** -resistant patients is also seen, with a multicenter phase II trial showing a response rate of 13% among first-line **paclitaxel** failures and 14.3% among second-line failures. A phase III trial compared topotecan and **paclitaxel** as second-line therapies in 226 advanced **ovarian cancer** patients who had been previously treated with platinum-containing regimens. Preliminary data show that patients treated with topotecan evidenced a higher response rate (23% v 14%), longer response duration (32 weeks v 20 weeks), and significantly longer time to progression (23 weeks v 14 weeks; P = .002). Additional schedules are still being evaluated, with a phase II trial of prolonged infusion of relatively **low-dose** topotecan over 21 days demonstrating a 37% response rate in 16 patients. All phase II and III trials analyzed thus far indicate that topotecan is well tolerated with an acceptable toxicity profile, with myelosuppression as the dose-limiting toxicity. Hematologic toxicities are predictable, of short duration, and noncumulative. Mild to moderate nonhematologic toxicities are manageable. These findings demonstrate that topotecan is a viable new second-line or salvage treatment for patients with advanced **ovarian cancer** who are refractory or resistant to prior **chemotherapy**, including platinum-based agents and/or **paclitaxel**.

ACCESSION NUMBER: 97238594 CANCERLIT
DOCUMENT NUMBER: 97238594 PubMed ID: 9122738
TITLE: Efficacy and safety of topotecan in the treatment of advanced **ovarian** carcinoma.
AUTHOR: ten Bokkel Huinink W; Carmichael J; Armstrong D; Gordon A; Malfetano J
CORPORATE SOURCE: Department of Internal Medicine, The Netherlands Cancer Institute, Amsterdam.
SOURCE: SEMINARS IN ONCOLOGY, **(1997 Feb)** 24 (1 Suppl 5) S5-19-S5-25. Ref: 25
Journal code: 0420432. ISSN: 0093-7754.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: MEDLINE; Priority Journals
OTHER SOURCE: MEDLINE 97238594
ENTRY MONTH: 199704
ENTRY DATE: Entered STN: 19970509
Last Updated on STN: 19970509

TI Efficacy and safety of topotecan in the treatment of advanced **ovarian** carcinoma.

SO SEMINARS IN ONCOLOGY, **(1997 Feb)** 24 (1 Suppl 5) S5-19-S5-25.
Ref: 25
Journal code: 0420432. ISSN: 0093-7754.

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CT . . .
Trials, Phase II
Clinical Trials, Phase III
DNA Topoisomerases, Type I: AI, antagonists & inhibitors
Disease-Free Survival
Drug Administration Schedule
Drug Resistance, Neoplasm
Enzyme Inhibitors: AD, administration & dosage
Enzyme Inhibitors: AE, adverse effects
Enzyme Inhibitors: TU, therapeutic use
Infusions, Intravenous
Multicenter Studies
Neoplasm Staging
***Ovarian Neoplasms: DT, drug therapy**
Paclitaxel: TU, therapeutic use
Platinum: TU, therapeutic use
Remission Induction
Safety
Survival Rate
Topotecan

L7 ANSWER 71 OF 214 CANCERLIT on STN

AB BACKGROUND: Third-line **chemotherapies** for advanced **breast cancer** are difficult to tailor to the individual patient because of reduced tolerance and significant toxicity. Treatment with a continuous **intravenous** infusion of **low-dose** 5-fluorouracil (FU-LDCI) is generally well tolerated and thus, a reasonable option for heavily pretreated patients. PATIENTS AND METHODS: From 1989 to 1995, 106 consecutive patients with advanced

breast cancer were treated with FU-LDCI. 5-Fluorouracil was given at an initial daily dose of 250 mg/m2 administered continuously with the aid of an elastomer, non-electronic pump through a permanent central venous line for 21 days followed by a 7-day rest. The median age was 56 years (range, 30-82), the median ECOG Performance Status was 1 (range 0-4) and the median number of metastatic sites was 2 (range 1-4). Sixty-one percent of the patients had previously received more than 2 **chemotherapy** regimens which in 81% included adriamycin, and in 90% 5-fluorouracil. RESULTS: Eighty patients were evaluable for objective response: 17 of them had partial responses (21%, 95% CI: 14%-31%) and 23 stable disease (29%, 95% CI: 20%-40%). One-hundred five patients were evaluable for subjective response, with 46 reporting improvement (44%, 95% CI: 35%-54%). Previous treatments with either 5-fluorouracil or adriamycin did not predict response to FU-LDCI. Median time to progression for patients with a partial response or stable disease was 259 days (range 82-737). The overall survival for the populations as a whole was 274 days (range 13-2264), and the median dose received was 1904 mg/week (range 753-4329). The main toxic effects were grades I and II mucositis, and nausea and vomiting (observed in 31% and 28%, respectively). Grade III toxicities were uncommon: mucositis in 3%, nausea and vomiting in 3%, anemia, thrombocytopenia and hepatitis in 2%, and skin toxicity (hand-foot syndrome) in 1%. Catheter-related thrombosis was observed in 2% of the patients, and there were no pump failures. A questionnaire concerning the impact of the treatment upon quality of life was completed by all of the 13 patients who were alive at the time of evaluation of the results, and all of them rated FU-LDCI as easy to tolerate. The monthly cost of FU-LDCI (US$1,051.00 in Switzerland) was lower than the cost of weekly **low -dose** adriamycin (US$1,483.00 in Switzerland), a treatment which is often used as a palliative regimen in similar circumstances. CONCLUSION: FU-LDCI is a useful, cost-effective third-line treatment for patients with metastatic **breast cancer** who need palliation with cytotoxic drugs.

ACCESSION NUMBER: 97080859 CANCERLIT
DOCUMENT NUMBER: 97080859 PubMed ID: 8922194
TITLE: Low-dose continuous **intravenous** infusion of 5-fluorouracil for metastatic **breast cancer**.
COMMENT: Comment in: Ann Oncol. 1996 Oct;7(8):771-2
AUTHOR: Regazzoni S; Pesce G; Marini G; Cavalli F; Goldhirsch A
CORPORATE SOURCE: Department of Oncology, Ospedale Civico, Lugano, Switzerland.
SOURCE: ANNALS OF ONCOLOGY, **(1996 Oct)** 7 (8) 807-13. Journal code: 9007735. ISSN: 0923-7534.
PUB. COUNTRY: Netherlands
DOCUMENT TYPE: (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: MEDLINE; Priority Journals
OTHER SOURCE: MEDLINE 97080859
ENTRY MONTH: 199702
ENTRY DATE: Entered STN: 19970409 Last Updated on STN: 20021018

TI Low-dose continuous **intravenous** infusion of 5-fluorouracil for metastatic **breast cancer**.
SO ANNALS OF ONCOLOGY, **(1996 Oct)** 7 (8) 807-13. Journal code: 9007735. ISSN: 0923-7534.
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CT . . . Human
Adult
Aged
Aged, 80 and over
*Antimetabolites, Antineoplastic
Antimetabolites, Antineoplastic: AD, administration & dosage
Antimetabolites, Antineoplastic: TU, therapeutic use
***Breast Neoplasms: DT, drug therapy**
Breast Neoplasms: EC, economics
***Breast Neoplasms: PA, pathology**
Dose-Response Relationship, Drug
Drug Administration Schedule
Evaluation Studies
*Fluorouracil
Fluorouracil: AD, administration & dosage
Fluorouracil: TU, therapeutic use
Health Care Costs
Infusions, Intravenous
Middle Age
Neoplasm Metastasis
*Palliative Care
Prognosis
Quality of Life
Survival Rate

L7 ANSWER 72 OF 214 CANCERLIT on STN

AB Two phase II **breast cancer** studies have been completed with gemcitabine in patients with locally advanced or metastatic **breast cancer**. Gemcitabine was administered as a 30 minute **intravenous** infusion on days 1, 8, and 15 of a 28-day cycle. In a European study of 44 patients, 40 patients were evaluable for response, 26 having received **chemotherapy** (seven in the adjuvant setting). The mean number of completed cycles administered was 2.7 and 81% of doses were delivered as scheduled. There were three complete responses and seven partial responses, giving an overall response rate of 25.0% (95% confidence interval, 12.7% to 41.2%). Four patients were not evaluable for efficacy: one had insufficient therapy, two had no bidimensionally measurable disease, and one had insufficient therapy and no bidimensionally measurable disease. The median duration of survival was 11.5 months. Hematologic toxicity was generally mild, with World Health Organization grade 3 and 4 leukopenia occurring in 6.8% and 2.3% of patients and neutropenia in 23.0% and 7.0% of patients, respectively.

Nonhematologic toxicity was minimal. Flu-like symptoms were mild and transient. Only one patient developed alopecia. In a US study, 18 of 21 heavily pretreated patients were evaluable, all of whom had stage IV disease. The median number of cycles administered was two, with 12% of injections omitted and 31% reduced by 50%. No responses were observed in this smaller study. The safety profile was similar to that in the European study, although myelosuppression was greater in the US study, in which patients were heavily pretreated. The differing results observed from single-agent studies of gemcitabine in advanced **breast cancer** may be explained in part by the amount of prior **chemotherapy** received and the **lower** mean **dose** of **chemotherapy** administered in the US study. Responses have been observed in both **chemotherapy**-naive and previously treated patients. The drug was extremely well tolerated in both studies, even in heavily pretreated patients. In view of its modest toxicity profile and its novel mechanism of action, gemcitabine deserves further evaluation in **breast cancer** patients and, in particular, because of its relative lack of myelotoxicity would be an ideal candidate for combination **chemotherapy**.

ACCESSION NUMBER: 97049157 CANCERLIT
DOCUMENT NUMBER: 97049157 PubMed ID: 8893887
TITLE: Phase II activity of gemcitabine in advanced **breast cancer**.
AUTHOR: Carmichael J; Walling J
CORPORATE SOURCE: CRC Department of Clinical Oncology, City Hospital, Nottingham, UK.
SOURCE: SEMINARS IN ONCOLOGY, **(1996 Oct)** 23 (5 Suppl 10) 77-81.
Journal code: 0420432. ISSN: 0093-7754.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
(CLINICAL TRIAL, PHASE II)
Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: MEDLINE; Priority Journals
OTHER SOURCE: MEDLINE 97049157
ENTRY MONTH: 199611
ENTRY DATE: Entered STN: 19961216
Last Updated on STN: 19961216

TI Phase II activity of gemcitabine in advanced **breast cancer**.

SO SEMINARS IN ONCOLOGY, **(1996 Oct)** 23 (5 Suppl 10) 77-81.
Journal code: 0420432. ISSN: 0093-7754.

AB Two phase II **breast cancer** studies have been completed with gemcitabine in patients with locally advanced or metastatic **breast cancer**. Gemcitabine was administered as a 30 minute **intravenous** infusion on days 1, 8, and 15 of a 28-day cycle. In a European study of 44 patients, 40 patients were evaluable for response, 26 having received **chemotherapy** (seven in the adjuvant setting). The mean number of completed cycles administered was 2.7 and 81% of doses were delivered. . . the US study, in which patients were heavily pretreated. The differing results observed from single-agent studies of gemcitabine in advanced **breast cancer** may be explained in part by the amount of prior **chemotherapy** received and the **lower** mean **dose** of **chemotherapy** administered in the US study. Responses have been observed in both **chemotherapy**-naive and previously treated patients. The drug was extremely well tolerated in both studies, even in heavily pretreated patients. In view of its modest toxicity profile and

its novel mechanism of action, gemcitabine deserves further evaluation in **breast cancer** patients and, in particular, because of its relative lack of myelotoxicity would be an ideal candidate for combination **chemotherapy**.

CT Check Tags: Female; Human; Support, Non-U.S. Gov't
Adolescence
Adult
Aged
*Antimetabolites, Antineoplastic: TU, therapeutic use
***Breast Neoplasms: DT, drug therapy**
Deoxycytidine: AE, adverse effects
*Deoxycytidine: AA, analogs & derivatives
Deoxycytidine: TU, therapeutic use
Middle Age

L7 ANSWER 73 OF 214 CANCERLIT on STN
ACCESSION NUMBER: 97040740 CANCERLIT
DOCUMENT NUMBER: 97040740 PubMed ID: 8886053
TITLE: Concurrent radiotherapy and **chemotherapy** for non-small-cell **lung cancer**--continuous infusion of **low dose** cisplatin and 5-FU.
AUTHOR: Itoh Y; Fuwa N; Kikuchi Y; Matsumoto A; Muramoto H; Kato E; Shinoda M; Sugiura T
CORPORATE SOURCE: Dept. of Radiation Oncology, Aichi Cancer Center Hospital.
SOURCE: GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], **(1996 Oct)** 23 (12) 1721-4.
Journal code: 7810034. ISSN: 0385-0684.
PUB. COUNTRY: Japan
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: Japanese
FILE SEGMENT: MEDLINE; Priority Journals
OTHER SOURCE: MEDLINE 97040740
ENTRY MONTH: 199611
ENTRY DATE: Entered STN: 19961216
Last Updated on STN: 19961216

TI Concurrent radiotherapy and **chemotherapy** for non-small-cell **lung cancer**--continuous infusion of **low dose** cisplatin and 5-FU.

SO GAN TO KAGAKU RYOHO [JAPANESE JOURNAL OF CANCER AND CHEMOTHERAPY], **(1996 Oct)** 23 (12) 1721-4.
Journal code: 7810034. ISSN: 0385-0684.

CT Check Tags: Case Report; Human; Male
Aged
*Antineoplastic Combined Chemotherapy Protocols: TU, therapeutic use
Carcinoma, Non-Small-Cell Lung: DT, drug therapy
Carcinoma, Non-Small-Cell Lung: RT, radiotherapy
***Carcinoma, Non-Small-Cell Lung: TH, therapy**
Cisplatin: AD, administration & dosage
Combined Modality Therapy
Drug Administration Schedule
Fluorouracil: AD, administration & dosage
Infusions, Intravenous
Lung Neoplasms: DT, drug therapy
Lung Neoplasms: RT, radiotherapy
***Lung Neoplasms: TH, therapy**
Middle Age
Radiotherapy Dosage

L7 ANSWER 74 OF 214 CANCERLIT on STN

AB In a pilot study of continuous infusion 5-fluorouracil and intermittent bolus doxorubicin and cyclophosphamide in women with **breast cancer**, four of 24 patients developed symptomatic superior vena cava or innominate vein thrombosis associated with the Hickman line, despite prophylactic treatment with very **low dose** warfarin (1-3 mg/day). In all four patients, local thrombolysis with streptokinase was successful and **chemotherapy** was continued through the Hickman line under anticoagulant cover, maintaining an international normalized ratio of 2.0-3.0. No patient developed recurrent thrombosis. Prophylactic anticoagulation should be considered in patients receiving continuous infusion **chemotherapy** through Hickman lines, as they are at risk of proximal vein thrombosis. A randomized study is needed to address the question of the optimum anticoagulant regimen to prevent such thromboses.

ACCESSION NUMBER: 97024779 CANCERLIT
DOCUMENT NUMBER: 97024779 PubMed ID: 8871003
TITLE: Successful thrombolysis of SVC thrombosis associated with Hickman lines and continuous infusion chemotherapy.
AUTHOR: Bissett D; Kaye S B; Baxter G; Moss J
CORPORATE SOURCE: Beatson Oncology Centre, Western Infirmary, Glasgow, UK.
SOURCE: CLINICAL ONCOLOGY (ROYAL COLLEGE OF RADIOLOGISTS), **(1996)** 8 (4) 247-9.
Journal code: 9002902. ISSN: 0936-6555.
PUB. COUNTRY: ENGLAND: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: MEDLINE; Priority Journals
OTHER SOURCE: MEDLINE 97024779
ENTRY MONTH: 199701
ENTRY DATE: Entered STN: 19970205
Last Updated on STN: 19970205

SO CLINICAL ONCOLOGY (ROYAL COLLEGE OF RADIOLOGISTS), **(1996)** 8 (4) 247-9.
Journal code: 9002902. ISSN: 0936-6555.

AB In a pilot study of continuous infusion 5-fluorouracil and intermittent bolus doxorubicin and cyclophosphamide in women with **breast cancer**, four of 24 patients developed symptomatic superior vena cava or innominate vein thrombosis associated with the Hickman line, despite prophylactic treatment with very **low dose** warfarin (1-3 mg/day). In all four patients, local thrombolysis with streptokinase was successful and **chemotherapy** was continued through the Hickman line under anticoagulant cover, maintaining an international normalized ratio of 2.0-3.0. No patient developed recurrent thrombosis. Prophylactic anticoagulation should be considered in patients receiving continuous infusion **chemotherapy** through Hickman lines, as they are at risk of proximal vein thrombosis. A randomized study is needed to address the. . .

CT . . . Tags: Female; Human
Adult
Aged
Antineoplastic Combined Chemotherapy Protocols: AD, administration & dosage
*Antineoplastic Combined Chemotherapy Protocols: AE, adverse effects
***Breast Neoplasms: DT, drug therapy**
Cyclophosphamide: AD, administration & dosage
Doxorubicin: AD, administration & dosage
Fluorouracil: AD, administration & dosage
***Infusions, Intravenous**

Middle Age
Pilot Projects
*Thrombosis: CI, chemically induced
*Thrombosis: DT, drug therapy
*Vena Cava, Superior
*Warfarin: TU, therapeutic use

L7 ANSWER 75 OF 214 CANCERLIT on STN
AB Vinorelbine (VNB) and cisplatin (CDDP) combination regimen was found active in the treatment of advanced non-small cell **lung cancer** (NSCLC) patients, but significant toxicity was observed. We evaluated the activity and toxicity of this combination administered at **lower doses** than previously reported. From March 1992 to March 1994, 99 patients (pts) were enrolled in a multicentric Phase II study and received **intravenous** CDDP at 80 mg/m2 on day 1, associated with **intravenous** VNB at 25 mg/m2 on days 1 and 8. Cycles were repeated every 3 weeks. The reduced doses led to a consistently lower myelotoxicity (8% Grade III-IV leukopenia) in comparison to two related Phase III studies, recently published. Conversely, the incidence of neurological toxicity was superimposable. Considering all eligible patients, the overall response rate was 28.3%, and this is similar to the results commonly observed employing the most active CDDP containing regimens. In conclusion, CDDP and VNB combination **chemotherapy** at the schedule performed in the present study led to a reduction of hematologic toxicity, while an appreciable activity was maintained.
ACCESSION NUMBER: 96386679 CANCERLIT
DOCUMENT NUMBER: 96386679 PubMed ID: 8794416
TITLE: Multicenter Phase II trial of intermediate dose cisplatin and vinorelbine in inoperable non-small cell **lung cancer** patients.
AUTHOR: Bretti S; Berruti A; Gorzegno G; La Ciura P; Paze E; Celano A; Grecchi G; Perroni D; Bumma C; Dogliotti L
CORPORATE SOURCE: Oncologia Medica, Ospedale San Giovanni Antica Sede, Turin, Italy.
SOURCE: LUNG CANCER, **(1996 Jun)** 14 (2-3) 353-60.
Journal code: 8800805. ISSN: 0169-5002.
PUB. COUNTRY: Ireland
DOCUMENT TYPE: (CLINICAL TRIAL)
(CLINICAL TRIAL, PHASE II)
Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
LANGUAGE: English
FILE SEGMENT: MEDLINE; Priority Journals
OTHER SOURCE: MEDLINE 96386679
ENTRY MONTH: 199612
ENTRY DATE: Entered STN: 19970108
Last Updated on STN: 19970108
TI Multicenter Phase II trial of intermediate dose cisplatin and vinorelbine in inoperable non-small cell **lung cancer** patients.
SO LUNG CANCER, **(1996 Jun)** 14 (2-3) 353-60.
Journal code: 8800805. ISSN: 0169-5002.
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CT . . . Tags: Female; Human; Male
Adult
Aged
Antineoplastic Combined Chemotherapy Protocols: AE, adverse effects
*Antineoplastic Combined Chemotherapy Protocols: TU, therapeutic use
***Carcinoma, Non-Small-Cell Lung: DT, drug therapy**
Carcinoma, Non-Small-Cell Lung: SU, surgery
Cisplatin: AD, administration & dosage
Dose-Response Relationship, Drug
Drug Administration Schedule
***Lung Neoplasms: DT, drug therapy**
Lung Neoplasms: SU, surgery
Middle Age
Vinblastine: AD, administration & dosage
Vinblastine: AA, analogs & derivatives

=>

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=> s l2
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PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'TAXAN?)(P)(SUB'
   8 FILES SEARCHED...
PROXIMITY OPERATOR LEVEL NOT CONSISTENT WITH
FIELD CODE - 'AND' OPERATOR ASSUMED 'TAXAN?)(P)(SUB'
L3       18702 L2

=> s l3 and (breast? or prostate or bladder or ovarian or lung)
L4        7144 L3 AND (BREAST? OR PROSTATE OR BLADDER OR OVARIAN OR LUNG)

=> s l4 and py<=1999
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   6 FILES SEARCHED...
   8 FILES SEARCHED...
'1999' NOT A VALID FIELD CODE
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  12 FILES SEARCHED...
L5         4916 L4 AND PY<=1999

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DUPLICATE IS NOT AVAILABLE IN 'PHAR, PHARMAML'.
ANSWERS FROM THESE FILES WILL BE CONSIDERED UNIQUE
PROCESSING IS APPROXIMATELY  42% COMPLETE FOR L5
PROCESSING IS APPROXIMATELY  68% COMPLETE FOR L5
PROCESSING IS APPROXIMATELY  99% COMPLETE FOR L5
PROCESSING COMPLETED FOR L5
L6         2174 DUP REM L5 (2742 DUPLICATES REMOVED)

=> s l6 and intraven?
L7          214 L6 AND INTRAVEN?

=> d l7 abs ibib kwic 200-214
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L7 ANSWER 200 OF 214 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN

AB Objective: Although combined modality therapy appears to be superior to radiotherapy alone for the treatment of locally advanced non-small cell **lung cancer** (NSCLC), the optimal treatment regimen has not been determined. We designed this trial to determine the maximal tolerated doses (MTD) of continuous **intravenous** infusion (CI) cisplatin and etoposide that could be administered concurrently with thoracic irradiation. Methods: 19 patients with stage IIIA or IIIB NSCLC were treated at three different dose levels of CI cisplatin and etoposide with concurrent single daily fraction thoracic radiotherapy to 4500 cGy. This chemoradiotherapy phase of treatment was followed by a 1500-2000 cGy radiotherapy boost and three cycles of standard intermittent bolus cisplalin 80 mg/m(2) IV on day 1 and etoposide 80 mg/m(2) IV on days 1, 2 and 3. Results: The MTD of CI chemotherapy was determined to be cisplatin 5 mg/m(2)/day plus etoposide 18 mg/m(2)/day for 5 days per week over 5 weeks along with thoracic irradiation. Overall, 37% of patients required breaks in the chemoradiotherapy course and 32% required attenuation of the planned duration of CI chemotherapy. Only 42% of patients received all three planned cycles of bolus chemotherapy and 16% received < 6000 cGy of thoracic irradiation. The major toxicities during concurrent chemoradiotherapy were grade 3-4 esophagitis (42%) and myelosuppression (47%). Subsequent chemotherapy was complicated by grade 3-4 myelosuppression in 38% of patients. An objective response was documented in 58% of patients (CR 11%, PR 47%). Median survival was 18 months with 2- and 5-year survival rates of 42 and 11%, respectively. Conclusions: These results demonstrate that CI cisplatin and etoposide can be administered safely to patients with locally advanced NSCLC, and that such potentially radiosensitizing strategies deserve further evaluation in this setting.

ACCESSION NUMBER: 1999:746951 SCISEARCH
THE GENUINE ARTICLE: 239YC

TITLE: Phase I trial of concurrent thoracic radiation and continuous infusion cisplatin and etoposide in stage III non-small cell **lung cancer**

AUTHOR: Kalemkerian G P (Reprint); Belzer K; Wozniak A J; Gaspar L E; Valdivieso M; Kraut M J

CORPORATE SOURCE: UNIV MICHIGAN, MED CTR, 1366 CCGC 0922, 1500 E MED CTR DR, ANN ARBOR, MI 48109 (Reprint); WAYNE STATE UNIV, DEPT INTERNAL MED, DETROIT, MI 48202; BARBARA ANN KARMANOS CANC INST, DETROIT, MI; WAYNE STATE UNIV, DEPT RADIAT ONCOL, DETROIT, MI 48202

COUNTRY OF AUTHOR: USA

09/937,840

SOURCE: LUNG CANCER, (**SEP 1999**) Vol. 25, No. 3, pp. 175-182.
Publisher: ELSEVIER SCI IRELAND LTD, CUSTOMER RELATIONS MANAGER, BAY 15, SHANNON INDUSTRIAL ESTATE CO, CLARE, IRELAND.
ISSN: 0169-5002.
DOCUMENT TYPE: Article; Journal
FILE SEGMENT: CLIN
LANGUAGE: English
REFERENCE COUNT: 25
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

TI Phase I trial of concurrent thoracic radiation and continuous infusion cisplatin and etoposide in stage III non-small cell **lung cancer**

SO LUNG CANCER, (**SEP 1999**) Vol. 25, No. 3, pp. 175-182.
Publisher: ELSEVIER SCI IRELAND LTD, CUSTOMER RELATIONS MANAGER, BAY 15, SHANNON INDUSTRIAL ESTATE. . .

AB Objective: Although combined modality therapy appears to be superior to radiotherapy alone for the treatment of locally advanced non-small cell **lung cancer** (NSCLC), the optimal treatment regimen has not been determined. We designed this trial to determine the maximal tolerated doses (MTD) of continuous **intravenous** infusion (CI) cisplatin and etoposide that could be administered concurrently with thoracic irradiation. Methods: 19 patients with stage IIIA or. . .

ST Author Keywords: **lung cancer**; infusion; chemotherapy; radiotherapy; experimental therapeutics

STP KeyWords Plus (R): **LOW-DOSE** CISPLATIN; SOUTHWEST-ONCOLOGY-GROUP; CONCOMITANT CISPLATIN; RADIOTHERAPY; IRRADIATION; **CHEMOTHERAPY**; METAANALYSIS; CARCINOMA; THERAPY

L7 ANSWER 201 OF 214 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN

AB The aim of this study was to evaluate the efficacy of **low dose** oral clodronate in palliation of pain arising from bone metastases (BM) and to determine the optimal oral clodronate dose which inhibits osteolysis caused by **tumor**. Fifty patients with bone pain caused by BM were included in this study. All were receiving antitumor **chemotherapy** or hormonal therapy. The patients were randomized into three groups according to the dose of clodronate. Groups A and a were given 800 mg/d and 1600 mg/d of oral clodronate respectively for 3 months. Group C was the control group. The effect of clodronate in pain palliation was evaluated with pain score, performance status, and changes in analgesic use. The effect on osteolysis was examined with urinary calcium, hydroxyproline (OHP) and serum cross-linked carboxyterminal telopeptide region of type I collagen (ICTP) levels. Group A contained 16 patients, and groups B and C contained 17 patients each. After 3 months use of oral clodronate, significant decrease in the pain score of groups A and B was noted when compared to group C ($P = 0.024$ and $P = 0.007$, respectively). The analgesic use of 11 patients in group A (69%) and 8 patients in group B (47%) was decreased, but only the decrease in group A was statistically significant ($P = 0.038$), Pain score increased in 5 patients in group C (29%), and 3 patients in groups A (19%) and B (18%) each. Urinary calcium, OHP and serum ICTP levels increased in group C and decreased in groups A and B, but only the decrease of urinary calcium levels of group B was significant ($P = 0.003$). In conclusion, **low dose** (800 mg/d) oral clodronate seems to be as effective as standard dose (1600 mg/d) in palliation of bone pain secondary to BM.

ACCESSION NUMBER: 1999:724342 SCISEARCH
THE GENUINE ARTICLE: 237BX

DELACROIX

09/937,840

TITLE: The effect of two different doses of oral clodronate on pain in patients with bone metastases

AUTHOR: Arican A (Reprint); Icli F; Akbulut H; Cakir M; Sencan O; Samur M; Acikgoz N; Demirkazik A

CORPORATE SOURCE: BASKENT UNIV, FAC MED, DEPT MED ONCOL, FEVZI CAKMAK BULVAN 10, SOKAK 45, TR-06490 ANKARA, TURKEY (Reprint); ANKARA UNIV, FAC MED, DEPT MED ONCOL, TR-06100 ANKARA, TURKEY; BASKENT UNIV, FAC MED, DEPT INTERNAL MED, TR-06490 ANKARA, TURKEY

COUNTRY OF AUTHOR: TURKEY

SOURCE: MEDICAL ONCOLOGY, (**SEP 1999**) Vol. 16, No. 3, pp. 204-210.
Publisher: STOCKTON PRESS, HOUNDMILLS, BASINGSTOKE RG21 6XS, HAMPSHIRE, ENGLAND.
ISSN: 0736-0118.

DOCUMENT TYPE: Article; Journal

FILE SEGMENT: CLIN

LANGUAGE: English

REFERENCE COUNT: 24

ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

SO MEDICAL ONCOLOGY, (**SEP 1999**) Vol. 16, No. 3, pp. 204-210.
Publisher: STOCKTON PRESS, HOUNDMILLS, BASINGSTOKE RG21 6XS, HAMPSHIRE, ENGLAND.
ISSN: 0736-0118.

AB The aim of this study was to evaluate the efficacy of **low dose** oral clodronate in palliation of pain arising from bone metastases (BM) and to determine the optimal oral clodronate dose which inhibits osteolysis caused by **tumor**. Fifty patients with bone pain caused by BM were included in this study. All were receiving antitumor **chemotherapy** or hormonal therapy. The patients were randomized into three groups according to the dose of clodronate. Groups A and a. . . and B, but only the decrease of urinary calcium levels of group B was significant (P = 0.003). In conclusion, **low dose** (800 mg/d) oral clodronate seems to be as effective as standard dose (1600 mg/d) in palliation of bone pain secondary. . .

STP KeyWords Plus (R): DOUBLE-BLIND; **BREAST-CANCER**; **INTRAVENOUS** CLODRONATE; MULTIPLE-MYELOMA; CONTROLLED TRIAL; PAGETS-DISEASE; I COLLAGEN; DIPHOSPHONATE; TELOPEPTIDE

L7 ANSWER 202 OF 214 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN

AB Objective. The objective of this study was to determine the efficacy of a **low-dose** oral granisetron plus **intravenous** dexamethasone prophylactic antiemetic regimen in patients receiving carboplatin-based **chemotherapy**.

Patients and methods. Patients with gynecologic malignancies being treated with either single-agent carboplatin or a carboplatin-paclitaxel regimen received a single 1-mg oral dose of granisetron 30 min prior to chemotherapy plus **intravenous** dexamethasone (20 mg) as prophylaxis for emesis. Patients either had not previously been treated with chemotherapy or had not received any cytotoxic drugs for greater than or equal to 4 months prior to study entry. Effective ness was evaluated based on the degree of control of nausea and vomiting during the 24 h following treatment.

Results. Of the 32 patients participating in this phase 2 trial, only 2 (6%) experienced any degree of nausea or vomiting within the first 24 h of chemotherapy administration. Both of these individuals had carcinomatosis and were experiencing emesis prior to chemotherapy. One patient developed mild delayed nausea >24 h after treatment. No major or minor toxic affects of the antiemetic regimen observed.

Conculsion. A 1-mg dose of oral granisetron plus **intravenous** dexamethasone (20 mg) is a safe, effective, and relatively inexpensive prophylactic antiemetic regimen for patients receiving single-gent carboplatin or combination carboplatin-paclitaxel chemotherapy. (C) 1998 Academic Press.

ACCESSION NUMBER: 1998:880138 SCISEARCH
THE GENUINE ARTICLE: 138RN
TITLE: **Low-dose** oral granisetron (1 mg) plus **intravenous** dexamethasone: Efficacy in gynecologic **cancer** patients receiving carboplatin-based **chemotherapy**
AUTHOR: Markman M (Reprint); Kennedy A; Webster K; Kulp B; Peterson G; Belinson J
CORPORATE SOURCE: CLEVELAND CLIN FDN, CLEVELAND CLIN, TAUSSIG CANC CTR, DEPT GYNECOL OBSTET, DEPT HEMATOL MED ONCOL, CLEVELAND, OH 44195 (Reprint)
COUNTRY OF AUTHOR: USA
SOURCE: GYNECOLOGIC ONCOLOGY, (**OCT 1998**) Vol. 71, No. 1, pp. 113-115.
Publisher: ACADEMIC PRESS INC JNL-COMP SUBSCRIPTIONS, 525 B ST, STE 1900, SAN DIEGO, CA 92101-4495.
ISSN: 0090-8258.
DOCUMENT TYPE: Article; Journal
FILE SEGMENT: CLIN
LANGUAGE: English
REFERENCE COUNT: 18

ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

TI **Low-dose** oral granisetron (1 mg) plus **intravenous** dexamethasone: Efficacy in gynecologic **cancer** patients receiving carboplatin-based **chemotherapy**

SO GYNECOLOGIC ONCOLOGY, (**OCT 1998**) Vol. 71, No. 1, pp. 113-115. Publisher: ACADEMIC PRESS INC JNL-COMP SUBSCRIPTIONS, 525 B ST, STE 1900, SAN DIEGO,. . .

AB Objective. The objective of this study was to determine the efficacy of a **low-dose** oral granisetron plus **intravenous** dexamethasone prophylactic antiemetic regimen in patients receiving carboplatin-based **chemotherapy**.

Patients and methods. Patients with gynecologic malignancies being treated with either single-agent carboplatin or a carboplatin-paclitaxel regimen received a single 1-mg oral dose of granisetron 30 min prior to chemotherapy plus **intravenous** dexamethasone (20 mg) as prophylaxis for emesis. Patients either had not previously been treated with chemotherapy or had not received. . . treatment. No major or minor toxic affects of the antiemetic regimen observed.

Conculsion. A 1-mg dose of oral granisetron plus **intravenous** dexamethasone (20 mg) is a safe, effective, and relatively inexpensive prophylactic antiemetic regimen for patients receiving single-gent carboplatin or combination. . .

STP KeyWords Plus (R): ADVANCED **OVARIAN-CANCER**; INDUCED EMESIS; HYPERSENSITIVITY REACTIONS; PHASE-III; ONDANSETRON; CYCLOPHOSPHAMIDE; PROPHYLAXIS; PREVENTION; REGIMEN

L7 ANSWER 203 OF 214 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN

AB The objective of this study is to assess the efficacy of ICRF-187 as a protective agent against anthracycline cardiotoxicity. Cardiac function was evaluated by echocardiography before and after each cycle of anthracycline **chemotherapy** associated with ICRF-187 and compared with that of a second group receiving anthracycline **chemotherapy** without ICRF-187. The patients were a group of 15 consecutive children

affected with various types of solid tuners who were treated with either doxorubicin-daunomycin or epirubicin (average doses 340 and 280 mg/m(2), respectively), and treatment was associated with ICRF-187. A second group of 15 consecutive children affected With different malignancies werre simultaneously treated with either doxorubicin-daunomycin or epirubicin (average doses 309 and 270 mg/m(2), respectively), but without ICRF-187 association. None of the patients treated with anthracyclines and ICRF-187 association showed abnormalities on echocardiographic examination. In the second group of patients treated with anthracyclines but without ICRF-187 association, we observed a decrease in the left ventricular ejection fraction to <55% and a decrease in the left ventricular fractional shortening to <28% in two patients (13.3%). One of these (6.6%) showed a dilatative cardiomyopathy. Both groups of patients were treated with **low doses** of anthracyclines. Although this study was not randomized, in patients without ICRF-87 cardioprotection, there was a trend for a worse evolution with one case of clinical cardiomyopathy as well as subclinical cardiac abnormalities.

ACCESSION NUMBER: 97:435081 SCISEARCH
THE GENUINE ARTICLE: XB794
TITLE: Use of ICRF-187 for prevention of anthracycline cardiotoxicity in children: Preliminary results
AUTHOR: Schiavetti A; Castello M A (Reprint); Versacci P; Varrasso G; Padula A; Ventriglia F; Werner B; Colloridi V
CORPORATE SOURCE: IST CLIN PEDIAT, VIALE REGINA ELENA 324, I-00161 ROME, ITALY (Reprint); UNIV ROMA LA SAPIENZA, DEPT PEDIAT, ROME, ITALY
COUNTRY OF AUTHOR: ITALY
SOURCE: PEDIATRIC HEMATOLOGY AND ONCOLOGY, (**MAY-JUN 1997**) Vol. 14, No. 3, pp. 213-222.
Publisher: HEMISPHERE PUBL CORP, 1900 FROST ROAD, SUITE 101, BRISTOL, PA 19007-1598.
ISSN: 0888-0018.
DOCUMENT TYPE: Article; Journal
FILE SEGMENT: CLIN
LANGUAGE: English
REFERENCE COUNT: 30

ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

SO PEDIATRIC HEMATOLOGY AND ONCOLOGY, (**MAY-JUN 1997**) Vol. 14, No. 3, pp. 213-222.
Publisher: HEMISPHERE PUBL CORP, 1900 FROST ROAD, SUITE 101, BRISTOL, PA 19007-1598.
ISSN:. . .

AB . . . as a protective agent against anthracycline cardiotoxicity. Cardiac function was evaluated by echocardiography before and after each cycle of anthracycline **chemotherapy** associated with ICRF-187 and compared with that of a second group receiving anthracycline **chemotherapy** without ICRF-187. The patients were a group of 15 consecutive children affected with various types of solid tuners who were. . . <28% in two patients (13.3%). One of these (6.6%) showed a dilatative cardiomyopathy. Both groups of patients were treated with **low doses** of anthracyclines. Although this study was not randomized, in patients without ICRF-87 cardioprotection, there was a trend for a worse. . .

STP KeyWords Plus (R): CONTINUOUS **INTRAVENOUS**-INFUSION; ADVANCED **BREAST-CANCER**; CARDIAC TOXICITY; ENDOMYOCARDIAL BIOPSY; DOXORUBICIN; ADRIAMYCIN; THERAPY; ECHOCARDIOGRAPHY; EPIRUBICIN; WOMEN

L7 ANSWER 204 OF 214 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
AB Cyclophosphamide induces moderate to severe emesis. The severity of

emesis is dependent on the dose of cyclophosphamide and on the addition of other cytotoxic drugs. A review of the literature dividing studies according to the dose of cyclophosphamide and the specific cytotoxic combination shows that ondansetron plus dexamethasone provides optimal antiemetic therapy in patients receiving standard or high-dose cyclophosphamide (greater than or equal to 450 mg/m(2)). These studies also show that it is important to give antiemetic therapy to cover the prolonged duration emesis and nausea induced by these regimens, e.g. **intravenous** CMF/(F)AC/(F)EC. For continuous 'oral' (**low-dose**) CMF **chemotherapy**, oral ondansetron or oral metoclopramide plus **intravenous** (or possibly oral) dexamethasone are effective antiemetic therapies.

ACCESSION NUMBER: 96:535716 SCISEARCH
THE GENUINE ARTICLE: UW663
TITLE: OPTIMAL-CONTROL OF CYCLOPHOSPHAMIDE-INDUCED EMESIS
AUTHOR: STEWART A (Reprint)
CORPORATE SOURCE: CHRISTIE HOSP & HOLT RADIUM INST, DEPT CLIN ONCOL, WILMSLOW RD, MANCHESTER M20 9BX, LANCS, ENGLAND (Reprint)
COUNTRY OF AUTHOR: ENGLAND
SOURCE: ONCOLOGY, (**1996**) Vol. 53, Supp. 1, pp. 32-38. ISSN: 0030-2414.
DOCUMENT TYPE: Article; Journal
FILE SEGMENT: LIFE; CLIN
LANGUAGE: ENGLISH
REFERENCE COUNT: 38
ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

SO ONCOLOGY, (**1996**) Vol. 53, Supp. 1, pp. 32-38. ISSN: 0030-2414.

AB . . . it is important to give antiemetic therapy to cover the prolonged duration emesis and nausea induced by these regimens, e.g. **intravenous** CMF/(F)AC/(F)EC. For continuous 'oral' (**low-dose**) CMF **chemotherapy**, oral ondansetron or oral metoclopramide plus **intravenous** (or possibly oral) dexamethasone are effective antiemetic therapies.

STP KeyWords Plus (R): CISPLATIN-INDUCED EMESIS; CMF-INDUCED EMESIS; DOUBLE-BLIND; **BREAST-CANCER**; ANTIEMETIC EFFICACY; ORAL ONDANSETRON; RANDOMIZED TRIAL; RECEIVING CYCLOPHOSPHAMIDE; ADJUVANT CHEMOTHERAPY; METOCLOPRAMIDE

L7 ANSWER 205 OF 214 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN

AB Dissemination of **tumor** to the leptomeninges and cerebrospinal fluid represents a common pattern of metastasis for many **cancers**; however, few **chemotherapeutic** agents are available for intrathecal (i.t.) use and treatment results are often poor. We studied the neurotoxicity and pharmacokinetics of i.t. 4-hydroperoxycyclophosphamide (4-HC) in the rabbit and the activity of i.t. 4-HC in a VX2 rabbit model of leptomeningeal carcinomatosis to evaluate the potential use of 4-HC in the treatment of leptomeningeal **tumors**. Toxicity studies examined 4-HC doses ranging from 0.5 to 6.0 mumol administered by **intraventricular** injection weekly for 4 to 8 weeks. Clinical or histological neurotoxicity was not observed in rabbits treated with <1.0 mumol 4-HC for 4 weeks. Clinical toxicity, characterized by lethargy, weight loss, seizures, or death, was apparent at doses >2.0 mumol. Vasculitis of superficial arteries was observed in rabbits treated with >1.0 mumol 4-HC. In cerebrospinal fluid pharmacokinetic studies, the mean drug half-life after **intraventricular** or intralumbar administration was 24.3 and 18.2 min. Regional inequities in drug exposure were apparent as area under the clearance curve values for cerebrospinal fluid distant from the injection

site were lower than those of proximate sites (P < 0.001). Weekly **intraventricular** treatment of VX2 leptomeningeal **tumor**-bearing rabbits with 0.5 or 1.0 mumol of 4-HC resulted in an increased life span of 22.5 and 35%, respectively. These results indicate that i.t. 4-HC, at **doses lower** than those producing neurotoxicity in the rabbit, is effective treatment for VX2 leptomeningeal carcinomatosis.

ACCESSION NUMBER: 92:668031 SCISEARCH
THE GENUINE ARTICLE: JX754
TITLE: INTRATHECAL 4-HYDROPEROXYCYCLOPHOSPHAMIDE - NEUROTOXICITY, CEREBROSPINAL-FLUID PHARMACOKINETICS, AND ANTITUMOR-ACTIVITY IN A RABBIT MODEL OF VX2 LEPTOMENINGEAL CARCINOMATOSIS
AUTHOR: PHILLIPS P C (Reprint); THAN T T; CORK L C; HILTON J; CARSON B S; COLVIN O M; GROCHOW L B
CORPORATE SOURCE: JOHNS HOPKINS UNIV, SCH MED, DEPT NEUROL, BALTIMORE, MD, 21205; JOHNS HOPKINS UNIV, SCH MED, DEPT NEUROSURG, BALTIMORE, MD, 21205; JOHNS HOPKINS UNIV, SCH MED, DEPT ONCOL, BALTIMORE, MD, 21205; JOHNS HOPKINS UNIV, SCH MED, DEPT PATHOL & COMPARAT MED, BALTIMORE, MD, 21205
COUNTRY OF AUTHOR: USA
SOURCE: CANCER RESEARCH, (**15 NOV 1992**) Vol. 52, No. 22, pp. 6168-6174.
ISSN: 0008-5472.
DOCUMENT TYPE: Article; Journal
FILE SEGMENT: LIFE; CLIN
LANGUAGE: ENGLISH
REFERENCE COUNT: 47

ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

SO CANCER RESEARCH, (**15 NOV 1992**) Vol. 52, No. 22, pp. 6168-6174.
ISSN: 0008-5472.

AB Dissemination of **tumor** to the leptomeninges and cerebrospinal fluid represents a common pattern of metastasis for many **cancers**; however, few **chemotherapeutic** agents are available for intrathecal (i.t.) use and treatment results are often poor. We studied the neurotoxicity and pharmacokinetics of. . . in a VX2 rabbit model of leptomeningeal carcinomatosis to evaluate the potential use of 4-HC in the treatment of leptomeningeal **tumors**. Toxicity studies examined 4-HC doses ranging from 0.5 to 6.0 mumol administered by **intraventricular** injection weekly for 4 to 8 weeks. Clinical or histological neurotoxicity was not observed in rabbits treated with <1.0 mumol. . . arteries was observed in rabbits treated with >1.0 mumol 4-HC. In cerebrospinal fluid pharmacokinetic studies, the mean drug half-life after **intraventricular** or intralumbar administration was 24.3 and 18.2 min. Regional inequities in drug exposure were apparent as area under the clearance. . . values for cerebrospinal fluid distant from the injection site were lower than those of proximate sites (P < 0.001). Weekly **intraventricular** treatment of VX2 leptomeningeal **tumor**-bearing rabbits with 0.5 or 1.0 mumol of 4-HC resulted in an increased life span of 22.5 and 35%, respectively. These results indicate that i.t. 4-HC, at **doses lower** than those producing neurotoxicity in the rabbit, is effective treatment for VX2 leptomeningeal carcinomatosis.

STP KeyWords Plus (R): CENTRAL-NERVOUS-SYSTEM; **INTRAVENTRICULAR** METHOTREXATE THERAPY; MENINGEAL CARCINOMATOSIS; **NEOPLASTIC** MENINGITIS; EXPERIMENTAL CHEMOTHERAPY; HUMAN MEDULLOBLASTOMA; **BREAST**-CARCINOMA; OMMAYA RESERVOIR; LEUKEMIA; **CANCER**

L7 ANSWER 206 OF 214 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN

AB 16 patients with disseminated malignant melanoma (1 with primary ocular melanoma) entered a multicentre phase II study of recombinant interleukin-2, (rIL-2) given by continuous **intravenous** infusion on days 1-5 at 18 x 10(6) IU/m2 per day, followed by dacarbazine 850 mg/m2 on day 8. After a 2 week rest, a second course was given. In the absence of disease progression, monthly maintenance cycles were given for up to four cycles. 16 patients received one cycle, 14 received two and 6 patients three or more. All 16 patients are evaluable for toxicity and 15 for response. 2 patients responded (13%). 1 patient with **lung** and pleural metastases achieved partial remission after two cycles and went off treatment after six cycles. 3 months later a complete response was noted lasting 396+ days. A second patient with **lung** metastases had a partial response lasting 153 days. 3 patients (20%) had stable disease. Mean rebound lymphocytosis (24-48 h after the end of rIL-2 therapy), cell count 4.9 x 10(9)/l (2.6-8.8 x 10(9)/l) was within the expected limits. Other toxicity was as expected. Thus sequential treatment with rIL-2 and dacarbazine is feasible but synergy did not occur.

ACCESSION NUMBER: 92:227455 SCISEARCH
THE GENUINE ARTICLE: HL783
TITLE: A PHASE-II STUDY OF SEQUENTIAL RECOMBINANT INTERLEUKIN-2 FOLLOWED BY DACARBAZINE IN METASTATIC MELANOMA
AUTHOR: FIEDLER W (Reprint); JASMIN C; DEMULDER P H M; PYRHONEN S; PALMER P A; FRANKS C R; OSKAM R; HOSSFELD D K
CORPORATE SOURCE: UNIV HAMBURG, MED CLIN, DEPT ONCOL HEMATOL, MARTINISTR 52, W-2000 HAMBURG 20, GERMANY (Reprint); EUROCETUS BV, AMSTERDAM, NETHERLANDS; UNIV HOSP HELSINKI, DEPT RADIOTHERAPY & ONCOL, HELSINKI, FINLAND; HOP PAUL BROUSSE, F-94800 VILLEJUIF, FRANCE; UNIV HAMBURG, KRANKENHAUS EPPENDORF, DEPT ONCOL HEMATOL, W-2000 HAMBURG 20, GERMANY; IST RADBOUD ZIEKENHUIS, DIV MED ONCOL, NIJMEGEN, NETHERLANDS
COUNTRY OF AUTHOR: GERMANY; NETHERLANDS; FINLAND; FRANCE
SOURCE: EUROPEAN JOURNAL OF CANCER, (**FEB/MAR 1992**) Vol. 28A, No. 2-3, pp. 443-446.
ISSN: 0964-1947.
DOCUMENT TYPE: Article; Journal
FILE SEGMENT: LIFE
LANGUAGE: ENGLISH
REFERENCE COUNT: 12

ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

SO EUROPEAN JOURNAL OF CANCER, (**FEB/MAR 1992**) Vol. 28A, No. 2-3, pp. 443-446.
ISSN: 0964-1947.
AB . . . malignant melanoma (1 with primary ocular melanoma) entered a multicentre phase II study of recombinant interleukin-2, (rIL-2) given by continuous **intravenous** infusion on days 1-5 at 18 x 10(6) IU/m2 per day, followed by dacarbazine 850 mg/m2 on day 8. After. . . or more. All 16 patients are evaluable for toxicity and 15 for response. 2 patients responded (13%). 1 patient with **lung** and pleural metastases achieved partial remission after two cycles and went off treatment after six cycles. 3 months later a complete response was noted lasting 396+ days. A second patient with **lung** metastases had a partial response lasting 153 days. 3 patients (20%) had stable disease. Mean rebound lymphocytosis (24-48 h after. . .
STP KeyWords Plus (R): **LOW-DOSE** CYCLOPHOSPHAMIDE; **CHEMOTHERAPY**; **CANCER**

L7 ANSWER 207 OF 214 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN

AB Forty-nine patients with advanced **breast cancer** who had failed from first-line cyclophosphamide, methotrexate, and 5-fluorouracil (CMF regimen) **chemotherapy**, were randomized to treatment with either epirubicin (Epi) or doxorubicin (Dox) at a dose of 20 mg/m2 given **intravenously** (i.v.) weekly to compare the efficacy and toxicity of these two anthracyclines given in such a schedule. Of 43 evaluable patients 36% (eight of 22) treated with Epi and 38% (eight of 21) treated with Dox achieved a complete plus partial response rate (95% confidence limits 16-56% +/- 20% and 18-58% +/- 20%, respectively). Patients who obtained a major therapeutic response to previous CMF exhibited a significantly higher response rate with both the drugs: seven of eight (87.5%) compared with one of 13 (8%); $p < 0.05$ for Epi and six of seven (86%) compared with two of 15 (13%); $p < 0.05$ for Dox. The median duration of response was 4.5 months with Epi compared with 7 months with Dox, and the median survival of the two groups of patients were superimposable (12 months with Epi versus 11 months with Dox). The median cumulative dose was 220 mg/m2 (range 160-620) and 240 mg/m2 (range 160-860) for Epi and Dox, respectively. Gastrointestinal and hematological toxicities were moderate for both the drugs, with fewer episodes of nausea and vomiting, stomatitis, and leukopenia following Epi administration. A very low incidence of alopecia was recorded for both the drugs. Regarding cardiac evaluation, no significant differences were evident; however, the only case that developed symptomatic congestive heart failure was in the Dox arm, after a cumulative dose of 820 mg/m2 at 11.5 months. Epi given weekly at **low doses** preserves efficacy in the treatment of patients with advanced **breast cancer**, and given at equimolar doses, has a slightly better therapeutic index than the parent compound.

ACCESSION NUMBER: 91:73798 SCISEARCH
THE GENUINE ARTICLE: EV479
TITLE: WEEKLY EPIRUBICIN VERSUS DOXORUBICIN AS 2ND LINE THERAPY IN ADVANCED **BREAST-CANCER** - A RANDOMIZED CLINICAL-TRIAL
AUTHOR: GASPARINI G (Reprint); DALFIOR S; PANIZZONI G A; FAVRETTO S; POZZA F
CORPORATE SOURCE: ST BORTOLO HOSP, VICENZA, ITALY
COUNTRY OF AUTHOR: ITALY
SOURCE: AMERICAN JOURNAL OF CLINICAL ONCOLOGY-CANCER CLINICAL TRIALS, (**1991**) Vol. 14, No. 1, pp. 38-44.
DOCUMENT TYPE: Article; Journal
FILE SEGMENT: CLIN
LANGUAGE: ENGLISH
REFERENCE COUNT: 30

ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

TI WEEKLY EPIRUBICIN VERSUS DOXORUBICIN AS 2ND LINE THERAPY IN ADVANCED **BREAST-CANCER** - A RANDOMIZED CLINICAL-TRIAL
SO AMERICAN JOURNAL OF CLINICAL ONCOLOGY-CANCER CLINICAL TRIALS, (**1991**) Vol. 14, No. 1, pp. 38-44.
AB Forty-nine patients with advanced **breast cancer** who had failed from first-line cyclophosphamide, methotrexate, and 5-fluorouracil (CMF regimen) **chemotherapy**, were randomized to treatment with either epirubicin (Epi) or doxorubicin (Dox) at a dose of 20 mg/m2 given **intravenously** (i.v.) weekly to compare the efficacy and toxicity of these two anthracyclines given in such a schedule. Of 43 evaluable. . . failure was in the Dox arm, after a cumulative dose of 820 mg/m2 at 11.5 months. Epi given weekly at **low doses** preserves efficacy in the treatment of patients with advanced **breast cancer**, and given at equimolar doses, has a slightly better therapeutic index than the parent

compound.
ST Author Keywords: WEEKLY ANTHRACYCLINES; ADVANCED **BREAST CANCER**

L7 ANSWER 208 OF 214 SCISEARCH COPYRIGHT 2004 THOMSON ISI on STN
ACCESSION NUMBER: 87:620906 SCISEARCH
THE GENUINE ARTICLE: K6607
TITLE: CONTINUOUS **INTRAVENOUS LOW-DOSE** 5-FLUOROURACIL AS A 3RD LINE **CHEMOTHERAPY** FOR METASTATIC **BREAST-CANCER**
AUTHOR: SINGHAKOWINTA A (Reprint); SAMAL B A; VAITKEVICIUS V K
CORPORATE SOURCE: WAYNE STATE UNIV, SCH MED, DETROIT, MI, 48201; HARPER GRACE HOSP, DETROIT, MI, 48201
COUNTRY OF AUTHOR: USA
SOURCE: BREAST CANCER RESEARCH AND TREATMENT, (**1987**) Vol. 10, No. 1, pp. 108.
DOCUMENT TYPE: Conference; Journal
FILE SEGMENT: LIFE; CLIN
LANGUAGE: ENGLISH
REFERENCE COUNT: No References
TI CONTINUOUS **INTRAVENOUS LOW-DOSE** 5-FLUOROURACIL AS A 3RD LINE **CHEMOTHERAPY** FOR METASTATIC **BREAST-CANCER**
SO BREAST CANCER RESEARCH AND TREATMENT, (**1987**) Vol. 10, No. 1, pp. 108.

L7 ANSWER 209 OF 214 TOXCENTER COPYRIGHT 2004 ACS on STN
AN 2000:2175 TOXCENTER
CP Copyright 2004 ASHP
AB The efficacy and toxicity of combined therapy with cisplatin and etoposide, with and without accelerated hyperfractionated radiation therapy and concurrent daily **low-dose** combined therapy with carboplatin and etoposide, in the treatment of extensive small-cell **lung cancer** were investigated in a prospective, randomized study conducted in 206 patients, ages 38-71 yr, with this type of **cancer**. All patients initially received an **intravenous** (IV) injection of 80 mg/sq m of cisplatin on day 1 and IV injections of 80 mg/sq m of etoposide on days 1 through 3 of 3-wk cycles for 3 cycles, after which patients were divided into 5 groups. Patients with a complete response (CR) at both local and distant levels (CR/CR) or a partial response (PR) at the local level and a CR at the distant level (PR/CR) received radiation therapy during an 18-day period plus carboplatin/etoposide, followed by 2 cycles of cisplatin/etoposide (n=55; group 1) or 4 cycles of cisplatin/etoposide (n=54; group 2). The remaining patients (groups 3, 4, and 5) who experienced a lesser response were treated nonrandomly. All patients with a CR at the distant level received prophylactic cranial irradiation. The results showed that addition of accelerated hyperfractionated radiation therapy to the treatment of the most favorable subset of patients led to improved survival over that obtained with **chemotherapy** alone.
Ramune T. Dailide
DOCUMENT NUMBER: 37-09232
TITLE: Role of radiation therapy in the combined-modality treatment of patients with extensive disease small-cell **lung cancer**: randomized study
AUTHOR(S): Jeremic, B.; Shibamoto, Y.; Nikolic, N.; Milicic, B.; Radosavljevic-Asic, G.; et al
CORPORATE SOURCE: Dept. of Radiotherapy, University Hosp., Hoppe-Seyler-Str.

3, D-72076 Tubingen, Germany Internet: bjeremic@med.uni-tuebingen.de
SOURCE: Journal of Clinical Oncology (USA), (**Jul 1999**) Vol. 17, pp. 2092-2099. 27 Refs.
CODEN: JCONDN. ISSN: 0732-183X.
DOCUMENT TYPE: Journal
FILE SEGMENT: IPA
OTHER SOURCE: IPA 2000:9231
LANGUAGE: English
ENTRY DATE: Entered STN: 20011116
Last Updated on STN: 20011116

TI Role of radiation therapy in the combined-modality treatment of patients with extensive disease small-cell **lung cancer**: randomized study

SO Journal of Clinical Oncology (USA), (**Jul 1999**) Vol. 17, pp. 2092-2099. 27 Refs.
CODEN: JCONDN. ISSN: 0732-183X.

AB . . . efficacy and toxicity of combined therapy with cisplatin and etoposide, with and without accelerated hyperfractionated radiation therapy and concurrent daily **low-dose** combined therapy with carboplatin and etoposide, in the treatment of extensive small-cell **lung cancer** were investigated in a prospective, randomized study conducted in 206 patients, ages 38-71 yr, with this type of **cancer**. All patients initially received an **intravenous** (IV) injection of 80 mg/sq m of cisplatin on day 1 and IV injections of 80 mg/sq m of etoposide. . . . radiation therapy to the treatment of the most favorable subset of patients led to improved survival over that obtained with **chemotherapy** alone.
Ramune T. Dailide

ST Miscellaneous Descriptors
Cisplatin; **lung neoplasms**; combined therapy
Etoposide; **lung neoplasms**; combined therapy
Carboplatin; **lung neoplasms**; combined therapy
Radiation; **lung neoplasms**; combined therapy
Antineoplastic agents; cisplatin; combined therapy
Antineoplastic agents; etoposide; combined therapy
Antineoplastic agents; carboplatin; combined therapy
Lung neoplasms; radiation; combined therapy
Lung neoplasms; cisplatin; combined therapy
Lung neoplasms; etoposide; combined therapy
Lung neoplasms; carboplatin; combined therapy
Combined therapy; antineoplastic agents and radiation; small cell carcinoma
Combined therapy; radiation and antineoplastic agents; small cell carcinoma
Toxicity; radiation;. . .

L7 ANSWER 210 OF 214 TOXCENTER COPYRIGHT 2004 ACS on STN
AN 1996:1964 TOXCENTER

AB The toxicity of charcoal suspensions, developed for intratumoral injection into tattooed human **breast tumors** prior to **chemotherapy** and surgery to guide the surgeon during the removal of residual **tumor** after response of treatment, is reported in mice following **intravenous** (IV) injection of varying doses, and the effects of the injection of charcoal on in vitro **tumor** cell growth are described. IV injection of 166 mg/kg was immediately lethal, but the same dose given by intraperitoneal injection or **lower doses** administered by IV (16.6 mg/kg, 1.66 mg/kg, and 0.83 mg/kg)

had no effect. Charcoal was localized in the organs up to day 30. The in vitro addition of charcoal to cell lines strongly prohibited their growth and their clonogenicity, indicating that the probability that **tumor** growth is stimulated in vivo after charcoal injection is implausible.
Lisa Webster

DOCUMENT NUMBER: 34-02273
TITLE: Studies on toxicity of charcoal used in tattooing of **tumors**
AUTHOR(S): Bonhomme-Faivre, L.; Mathieu, M. C.; Orbach Arbouys, S.; Seiller, M.
CORPORATE SOURCE: Lab. of Pharm., Hopital Paul-Brousse, 14, Ave. Paul Vaillant Couturier, 94800 Villejuif, France
SOURCE: European Journal of Pharmaceutical Sciences, (**1996**) Vol. 4, pp. 95-100. 17 Refs.
CODEN: EPSCED. ISSN: 0928-0987.
DOCUMENT TYPE: Journal
FILE SEGMENT: IPA
OTHER SOURCE: IPA 96:6955
LANGUAGE: English
ENTRY DATE: Entered STN: 20011116
Last Updated on STN: 20011116

TI Studies on toxicity of charcoal used in tattooing of **tumors**
SO European Journal of Pharmaceutical Sciences, (**1996**) Vol. 4, pp. 95-100. 17 Refs.
CODEN: EPSCED. ISSN: 0928-0987.
AB The toxicity of charcoal suspensions, developed for intratumoral injection into tattooed human **breast tumors** prior to **chemotherapy** and surgery to guide the surgeon during the removal of residual **tumor** after response of treatment, is reported in mice following **intravenous** (IV) injection of varying doses, and the effects of the injection of charcoal on in vitro **tumor** cell growth are described. IV injection of 166 mg/kg was immediately lethal, but the same dose given by intraperitoneal injection or **lower doses** administered by IV (16.6 mg/kg, 1.66 mg/kg, and 0.83 mg/kg) had no effect. Charcoal was localized in the organs up. . . in vitro addition of charcoal to cell lines strongly prohibited their growth and their clonogenicity, indicating that the probability that **tumor** growth is stimulated in vivo after charcoal injection is implausible.
Lisa Webster

L7 ANSWER 211 OF 214 TOXCENTER COPYRIGHT 2004 ACS on STN
AN 1986:3120 TOXCENTER
CP Copyright 2004 ASHP
AB The outcome of high and **low dose** postoperative cisplatin (I) based combination **chemotherapy** was assessed in a group of 35 women (aged 29-79 yr) with **ovarian** carcinoma who received either 60 mg/sq m or 120 mg/sq m of I by **intravenous** injection with 600 mg/sq m of cyclophosphamide and 40 mg/sq m of doxorubicin hydrochloride (Adriamycin). There were no differences with regard to survival, progression-free interval, rate, and outcome of second-look laparotomy between the patients who received **low** and high **dose** I. The complication rate was significantly higher in the high dose treatment group. It was concluded that the **low-dose** I based combination regimen seems to be the preferable initial postoperative treatment.
Nancy F. Cruz

DOCUMENT NUMBER: 25-02828
TITLE: Comparison of **low** and high **dose**

cisplatin-based combination **chemotherapy** as initial postoperative treatment in advanced **ovarian** adenocarcinoma

AUTHOR(S): Menczer, J.; Brenner, J.; Modan, M.; Ben-Baruch, G.; Brenner, H.

CORPORATE SOURCE: Dept. of Obstet. and Gynecol., Sheba Med. Ctr., Tel-Hashomer, Israel

SOURCE: American Journal of Obstetrics and Gynecology (USA), (**Nov 1986**) Vol. 155, pp. 974-979. 14 Refs.
CODEN: AJOGAH. ISSN: 0002-9378.

DOCUMENT TYPE: Journal
FILE SEGMENT: IPA
OTHER SOURCE: IPA 86:11621
LANGUAGE: English
ENTRY DATE: Entered STN: 20011116
Last Updated on STN: 20011116

TI Comparison of **low** and high **dose** cisplatin-based combination **chemotherapy** as initial postoperative treatment in advanced **ovarian** adenocarcinoma

SO American Journal of Obstetrics and Gynecology (USA), (**Nov 1986**) Vol. 155, pp. 974-979. 14 Refs.
CODEN: AJOGAH. ISSN: 0002-9378.

AB The outcome of high and **low dose** postoperative cisplatin (I) based combination **chemotherapy** was assessed in a group of 35 women (aged 29-79 yr) with **ovarian** carcinoma who received either 60 mg/sq m or 120 mg/sq m of I by **intravenous** injection with 600 mg/sq m of cyclophosphamide and 40 mg/sq m of doxorubicin hydrochloride (Adriamycin). There were no differences with regard to survival, progression-free interval, rate, and outcome of second-look laparotomy between the patients who received **low** and high **dose** I. The complication rate was significantly higher in the high dose treatment group. It was concluded that the **low-dose** I based combination regimen seems to be the preferable initial postoperative treatment.
Nancy F. Cruz

ST Miscellaneous Descriptors

Cisplatin; cyclophosphamide and doxorubicin hyrochloride; dosage, **ovarian neoplasms**

Doxorubicin hydrochloride; cisplatin and cyclophosphamide; dosage, **ovarian neoplasms**

Cyclophosphamide; cisplatin and doxorubicin hydrochloride; dosage, **ovarian neoplasms**

Ovarian neoplasms; doxorubicin hydrochloride, cisplatin and cyclophosphamide; dosage, therapy

Antineoplastic agents; cisplatin, cyclophosphamide and doxorubicin hydrochloride; dosage, **ovarian neoplasms**

Combined therapy; cisplatin, cyclophosphamide and doxorubicin hydrochloride; dosage, **ovarian neoplasms**

Combined therapy; doxorubicin hydrochloride, cisplatin and cyclophosphamide; dosage, **ovarian neoplasms**

Ovarian neoplasms; cisplatin, cyclophosphamide and doxorubicin hydrochloride; dosage, therapy

Dosage; cisplatin; combined therapy, **ovarian neoplasms**

Toxicity; cisplatin; side effects, dosage

Combined therapy; cyclophosphamide, cisplatin and doxorubicin hydrochloride; dosage, **ovarian neoplasms**

Antineoplastic agents; cyclophosphamide, cisplatin and doxorubicin hydrochloride; dosage, **ovarian neoplasms**

Antineoplastic agents; doxorubicin hydrochloride, cisplatin and cyclophosphamide; dosage, **ovarian neoplasms**
Ovarian neoplasms; cyclophosphamide, cisplatin and doxorubicin hydrochloride; dosage, therapy

L7 ANSWER 212 OF 214 WPIDS COPYRIGHT 2004 THOMSON DERWENT on STN
AN 1999-043969 [04] WPIDS
CR 1996-371116 [37]; 1998-436579 [37]; 1999-337441 [26]
AB US 5837677 A UPAB: 20020418
Treatment of **cancer** comprises administering a solution containing a desferri-Exochelin compound **intravenously**, orally or by direct placement.
USE - The desferri-Exochelin solutions are useful for the treatment of **cancer** by inhibiting the growth of and/or killing **cancer** cells (claimed), particularly **breast cancer** cells, and for the prevention of reperfusion injury and the treatment of iron overload from transfusions or **cancer chemotherapy**, particularly for leukaemia.
ADVANTAGE - The compounds are lipid-soluble iron chelators capable of oral or subcutaneous administration and entering **cancer** cells rapidly in **low** non-toxic **doses** compared with deferoxamine (a known anti-**cancer** iron chelator). They effectively remove iron from transferrin, lactoferrin and ferritin at physiological pH without transmitting any of the infectious properties of the bacteria from which they are derived, and also block hydroxyl radical formation by the Fenton reaction.
Dwg.0/0

ACCESSION NUMBER: 1999-043969 [04] WPIDS
CROSS REFERENCE: 1996-371116 [37]; 1998-436579 [37]; 1999-337441 [26]
DOC. NO. CPI: C1999-013683
TITLE: Treating **cancer** - by administering a solution of a desferri-Exochelin derived from M.tuberculosis.
DERWENT CLASS: B03 B04 D16
INVENTOR(S): HORWITZ, K B; HORWITZ, L D
PATENT ASSIGNEE(S): (KEYS-N) KEYSTONE BIOMEDICAL INC
COUNTRY COUNT: 81
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
US 5837677	A	19981117	(199904)*		12<--
WO 9858635	A2	19981230	(199907)	EN	<--
RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW NL OA PT SD SE SZ UG ZW					
W: AL AM AT AU AZ BA BB BG BR BY CA CH CN CZ DE DK EE ES FI GB GE GH GM GW HU ID IL IS JP KE KG KR KZ LC LK LR LS LT LU LV MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT UA UG UZ VN YU ZW					
AU 9882550	A	19990104	(199921)		<--
EP 996450	A2	20000503	(200026)	EN	
R: AT BE CH DE DK ES FI FR GB GR IE IT LI NL PT RO SE					
MX 9911612	A1	20000601	(200133)		
JP 2002510309	W	20020402	(200225)		26

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
US 5837677	A CIP of	US 1995-383180	19950203

		US 1997-882122	19970625
WO 9858635	A2	WO 1998-US12109	19980615
AU 9882550	A	AU 1998-82550	19980615
EP 996450	A2	EP 1998-932735	19980615
		WO 1998-US12109	19980615
MX 9911612	A1	MX 1999-11612	19991210
JP 2002510309	W	WO 1998-US12109	19980615
		JP 1999-504574	19980615

FILING DETAILS:

PATENT NO	KIND		PATENT NO
US 5837677	A	CIP of	US 5721209
AU 9882550	A	Based on	WO 9858635
EP 996450	A2	Based on	WO 9858635
JP 2002510309	W	Based on	WO 9858635

PRIORITY APPLN. INFO: US 1997-882122 19970625; US 1995-383180 19950203

TI Treating **cancer** - by administering a solution of a desferri-Exochelin derived from M.tuberculosis.

PI US 5837677 A 19981117 (199904)* 12 A61K038-12 <--
WO 9858635 A2 19981230 (199907) EN A61K031-00 <--
RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW NL OA PT SD SE SZ UG ZW
W: AL AM AT AU AZ BA BB BG BR BY CA CH CN CZ DE DK EE ES FI GB GE GH GM GW HU ID IL IS JP KE KG KR KZ LC LK LR LS LT LU LV MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT UA UG UZ VN YU ZW
AU 9882550 A 19990104 (199921) A61K031-00 <--
EP 996450 A2 20000503 (200026) EN A61K031-55
R: AT BE CH DE DK ES FI FR GB GR IE IT LI NL PT RO SE
MX 9911612 A1 20000601 (200133) A61K031-00
JP 2002510309 W 20020402 (200225) 26 A61K038-00

ADT US 5837677 A CIP of US 1995-383180 19950203, US 1997-882122 19970625; WO 9858635 A2 WO 1998-US12109 19980615; AU 9882550 A AU 1998-82550 19980615; EP 996450 A2 EP 1998-932735 19980615, WO 1998-US12109 19980615; MX 9911612 A1 MX 1999-11612 19991210; JP 2002510309 W WO 1998-US12109 19980615, JP 1999-504574 19980615

FDT US 5837677 A CIP of US 5721209; AU 9882550 A Based on WO 9858635; EP 996450 A2 Based on WO 9858635; JP 2002510309 W Based on WO 9858635

PRAI US 1997-882122 19970625; US 1995-383180 19950203

AB US 5837677 UPAB: 20020418

Treatment of **cancer** comprises administering a solution containing a desferri-Exochelin compound **intravenously**, orally or by direct placement.

USE - The desferri-Exochelin solutions are useful for the treatment of **cancer** by inhibiting the growth of and/or killing **cancer** cells (claimed), particularly **breast cancer** cells, and for the prevention of reperfusion injury and the treatment of iron overload from transfusions or **cancer chemotherapy**, particularly for leukaemia.

ADVANTAGE - The compounds are lipid-soluble iron chelators capable of oral or subcutaneous administration and entering **cancer** cells rapidly in **low** non-toxic **doses** compared with deferoxamine (a known anti-**cancer** iron chelator). They effectively remove iron from transferrin, lactoferrin and ferritin at physiological pH without transmitting any of the infectious. . .

TT TT: TREAT **CANCER** ADMINISTER SOLUTION DERIVATIVE TUBERCULOSIS.

L7 ANSWER 213 OF 214 WPIDS COPYRIGHT 2004 THOMSON DERWENT on STN
AN 1998-363559 [32] WPIDS
AB DE 19652374 A UPAB: 19980812
The following are claimed:
(A) use of conjugates of formula (I) as therapeutic agents:
E-Wn (I)
E = a residue which can bind an endothelin receptor, and is derived from an endothelin, an endothelin analogue, an endothelin derivative, an endothelin partial sequence or an endothelin antagonist;
W = an active group which:
(i) is a radionuclide or
(ii) is derived from a **chemotherapeutic** agent, a complex with a radioactive metal isotope, an antibody, an antibody fragment, a peptide, a carbohydrate, an oligonucleotide, a protein tyrosine kinase blocker, an anti-thrombotic agent, a coagulation cascade inhibitor, a hormone, growth factor inhibitor, a medicament, a thrombocyte aggregation inhibitor, an antiinflammatory, a calcium antagonist, a lipid lowering agent or an anti-proliferative agent;
n = 1-100, especially 1-10, and
(B) conjugates of formula (I) in which W is an active group which:
(i) is a radionuclide of the elements At, Ba, Br, C, F, N, O or P or
(ii) is derived from a **chemotherapeutic** agent, an antibody, an antibody fragment, a peptide, a carbohydrate, an oligonucleotide, a protein tyrosine kinase blocker, an anti-thrombotic agent, a growth factor inhibitor, a medicament, a hormone, a thrombocyte aggregation inhibitor, an anti-inflammatory, a calcium antagonist, a lipid lowering agent or an anti-proliferative agent.
USE - The conjugates may be used as therapeutic agents, especially for treatment of cardiovascular disorders such as atherosclerosis. They may be used in treatment of asthma, cerebral infarction, subarachnoid haemorrhage, preeclampsia, renal disorders, diabetic disorders, **neoplastic** disorders (e.g. **prostate** carcinoma), gastrointestinal changes, endotoxic shock, septicaemia and bacterial inflammation. They may also be used in diagnostic techniques.
Administration is especially **intravenous**.
ADVANTAGE - The conjugates become enriched in cells in which endothelin receptors are expressed. Even at **low doses** a therapeutically effective enrichment of the active agent at desired sites can be achieved. Unbound conjugate is rapidly eliminated from the body, reducing side effects.
Dwg.0/2

ACCESSION NUMBER: 1998-363559 [32] WPIDS
DOC. NO. CPI: C1998-111901
TITLE: Therapeutic use, e.g. in treatment of atherosclerosis, of endothelin conjugates - which comprise residue which can bind endothelin receptor, conjugated to groups such as radionuclides or protein tyrosine kinase blockers.
DERWENT CLASS: B04
INVENTOR(S): BLUME, F; DINKELBORG, L; HILGER, C; SPECK, U
PATENT ASSIGNEE(S): (SCHD) SCHERING AG; (BLUM-I) BLUME F; (DINK-I) DINKELBORG L; (HILG-I) HILGER C; (SPEC-I) SPECK U
COUNTRY COUNT: 76
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
DE 19652374	A1	19980610	(199832)*		21<--

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     WO 9824482       A2 19980611 (199832)  GE     <--
        RW: AT BE CH DE DK ES FI FR GB GR IE IT LU MC NL PT SE
         W: AL AM AU AZ BA BB BG BR BY CA CN CU CZ EE GE GH HU IL IS JP KE KG
            KP KR KZ LC LK LR LS LT LV MD MG MK MN MW MX NO NZ PL RO RU SD SG
            SI SK SL TJ TM TR TT UA UG US UZ VN YU ZW
     AU 9855545       A  19980629 (199845)         <--
     EP 946205        A2 19991006 (199946)  GE     <--
         R: AL AT BE CH DE DK ES FI FR GB GR IE IT LI LT LU LV MC MK NL PT RO
            SE SI
     JP 2001504841    W  20010410 (200128)       57
     US 2003119719    A1 20030626 (200343)
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APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
DE 19652374	A1	DE 1996-1052374	19961204
WO 9824482	A2	WO 1997-EP6518	19971124
AU 9855545	A	AU 1998-55545	19971124
EP 946205	A2	EP 1997-951940	19971124
		WO 1997-EP6518	19971124
JP 2001504841	W	WO 1997-EP6518	19971124
		JP 1998-525136	19971124
US 2003119719	A1 Cont of	US 1999-319414	19991126
		US 2001-988008	20011116

FILING DETAILS:

PATENT NO	KIND	PATENT NO
AU 9855545	A Based on	WO 9824482
EP 946205	A2 Based on	WO 9824482
JP 2001504841	W Based on	WO 9824482

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PRIORITY APPLN. INFO: DE 1996-19652374     19961204
PI   DE 19652374      A1 19980610 (199832)*      21    C07K007-08     <--
     WO 9824482       A2 19980611 (199832)  GE         A61K051-08     <--
        RW: AT BE CH DE DK ES FI FR GB GR IE IT LU MC NL PT SE
         W: AL AM AU AZ BA BB BG BR BY CA CN CU CZ EE GE GH HU IL IS JP KE KG
            KP KR KZ LC LK LR LS LT LV MD MG MK MN MW MX NO NZ PL RO RU SD SG
            SI SK SL TJ TM TR TT UA UG US UZ VN YU ZW
     AU 9855545       A  19980629 (199845)             A61K051-08     <--
     EP 946205        A2 19991006 (199946)  GE         A61K051-08     <--
         R: AL AT BE CH DE DK ES FI FR GB GR IE IT LI LT LU LV MC MK NL PT RO
            SE SI
     JP 2001504841    W  20010410 (200128)       57    A61K047-48
     US 2003119719    A1 20030626 (200343)             A61K051-00
ADT  DE 19652374 A1 DE 1996-1052374 19961204; WO 9824482 A2 WO 1997-EP6518
     19971124; AU 9855545 A AU 1998-55545 19971124; EP 946205 A2 EP 1997-951940
     19971124, WO 1997-EP6518 19971124; JP 2001504841 W WO 1997-EP6518
     19971124, JP 1998-525136 19971124; US 2003119719 A1 Cont of US 1999-319414
     19991126, US 2001-988008 20011116
FDT  AU 9855545 A Based on WO 9824482; EP 946205 A2 Based on WO 9824482; JP
     2001504841 W Based on WO 9824482
PRAI DE 1996-19652374     19961204
AB   . . .
     or an endothelin antagonist;
          W = an active group which:
          (i) is a radionuclide or
```

(ii) is derived from a **chemotherapeutic** agent, a complex with a radioactive metal isotope, an antibody, an antibody fragment, a peptide, a carbohydrate, an oligonucleotide, a. . . a radionuclide of the elements At, Ba, Br, C, F, N, O or P or

(ii) is derived from a **chemotherapeutic** agent, an antibody, an antibody fragment, a peptide, a carbohydrate, an oligonucleotide, a protein tyrosine kinase blocker, an anti-thrombotic agent,. . . such as atherosclerosis. They may be used in treatment of asthma, cerebral infarction, subarachnoid haemorrhage, preeclampsia, renal disorders, diabetic disorders, **neoplastic** disorders (e.g. **prostate** carcinoma), gastrointestinal changes, endotoxic shock, septicaemia and bacterial inflammation. They may also be used in diagnostic techniques.

Administration is especially **intravenous**.

ADVANTAGE - The conjugates become enriched in cells in which endothelin receptors are expressed. Even at **low doses** a therapeutically effective enrichment of the active agent at desired sites can be achieved. Unbound conjugate is rapidly eliminated from. . .

L7 ANSWER 214 OF 214 WPIDS COPYRIGHT 2004 THOMSON DERWENT on STN
AN 1994-118123 [14] WPIDS
AB WO 9406422 A UPAB: 19940524
The use of **taxol** for the mfr. of a medicament for treatment of patients suffering from lymphoma or **breast cancer**, is new.

USE/ADVANTAGE - **Taxol** is microtubule agent isolated from the stem bark of Taxus brevifolia, the western (Pacific) yew tree. The method provides a **low-dose**, long-term exposure to **taxol**. The method serves to prevent or retard the adverse side effects associated with **Taxol** and to reduce the changes of patients developing mdr **Taxol** resistance. Dosage is between 17.5 and 35 mg of **taxol** per m2 of patient surface area in 24 hrs.. A **taxol** solution is pref. infused into the patient over a period of at least 96 hrs..

Dwg.0/0
ABEQ US 5496846 A UPAB: 19960417
A method of treating a patient suffering from **breast cancer**, which comprises:

(a) **intravenously** infusing taxol into said patient at a continuous dosage rate of between 17.5 to 35 milligrams of taxol per square meter of patient surface area per 24 hours to infuse between 70 and 140 milligrams of taxol per square meter of patient surface area into said patient over a period of 96 hours; and

(b) repeating said step (a) in 21 day cycles until remission of said patient's **breast cancer** is obtained.

Dwg.0/0
ACCESSION NUMBER: 1994-118123 [14] WPIDS
DOC. NO. CPI: C1994-054612
TITLE: **Low-dose**, long term **taxol** infusions - are useful for treatment of lymphomas and **breast cancer**.
DERWENT CLASS: B02
INVENTOR(S): WILSON, W H; WITTES, R
PATENT ASSIGNEE(S): (USSH) US SEC DEPT HEALTH; (USSH) US DEPT HEALTH & HUMAN SERVICES
COUNTRY COUNT: 21
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG

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WO 9406422      A1 19940331 (199414)* EN   17<--
   RW: AT BE CH DE DK ES FR GB GR IE IT LU MC NL PT SE
    W: AU CA JP
AU 9351357      A  19940412 (199431)         <--
EP 661969       A1 19950712 (199532)  EN     <--
    R: AT BE CH DE DK ES FR GB GR IE IT LI LU MC NL PT SE
US 5496846      A  19960305 (199615)        4<--
JP 08501560     W  19960220 (199643)       16<--
AU 680441       B  19970731 (199738)         <--
JP 3020277      B2 20000315 (200018)        5
EP 661969       B1 20030312 (200319)  EN
    R: AT BE CH DE DK ES FR GB GR IE IT LI LU MC NL PT SE
DE 69332758     E  20030417 (200333)
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APPLICATION DETAILS:

PATENT NO	KIND		APPLICATION	DATE
WO 9406422	A1		WO 1993-US8983	19930922
AU 9351357	A		AU 1993-51357	19930922
EP 661969	A1		EP 1993-922310	19930922
			WO 1993-US8983	19930922
US 5496846	A	Cont of	US 1992-950380	19920922
			US 1994-178463	19940106
JP 08501560	W		WO 1993-US8983	19930922
			JP 1994-508423	19930922
AU 680441	B		AU 1993-51357	19930922
JP 3020277	B2		WO 1993-US8983	19930922
			JP 1994-508423	19930922
EP 661969	B1		EP 1993-922310	19930922
			WO 1993-US8983	19930922
DE 69332758	E		DE 1993-632758	19930922
			EP 1993-922310	19930922
			WO 1993-US8983	19930922

FILING DETAILS:

PATENT NO	KIND		PATENT NO
AU 9351357	A	Based on	WO 9406422
EP 661969	A1	Based on	WO 9406422
JP 08501560	W	Based on	WO 9406422
AU 680441	B	Previous Publ.	AU 9351357
		Based on	WO 9406422
JP 3020277	B2	Previous Publ.	JP 08501560
		Based on	WO 9406422
EP 661969	B1	Based on	WO 9406422
DE 69332758	E	Based on	EP 661969
		Based on	WO 9406422

PRIORITY APPLN. INFO: US 1992-950380 19920922; US 1994-178463 19940106

TI **Low-dose**, long term **taxol** infusions - are useful for treatment of lymphomas and **breast cancer.**

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PI WO 9406422      A1 19940331 (199414)* EN   17    A61K031-335    <--
      RW: AT BE CH DE DK ES FR GB GR IE IT LU MC NL PT SE
       W: AU CA JP
   AU 9351357      A  19940412 (199431)             A61K031-335    <--
   EP 661969       A1 19950712 (199532)  EN         A61K031-335    <--
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R: AT BE CH DE DK ES FR GB GR IE IT LI LU MC NL PT SE
US 5496846 A 19960305 (199615) 4 A61K031-335 <--
JP 08501560 W 19960220 (199643) 16 A61K031-335 <--
AU 680441 B 19970731 (199738) A61K031-335 <--
JP 3020277 B2 20000315 (200018) 5 A61K031-337
EP 661969 B1 20030312 (200319) EN A61K031-337
R: AT BE CH DE DK ES FR GB GR IE IT LI LU MC NL PT SE
DE 69332758 E 20030417 (200333) A61K031-337

ADT WO 9406422 A1 WO 1993-US8983 19930922; AU 9351357 A AU 1993-51357 19930922; EP 661969 A1 EP 1993-922310 19930922, WO 1993-US8983 19930922; US 5496846 A Cont of US 1992-950380 19920922, US 1994-178463 19940106; JP 08501560 W WO 1993-US8983 19930922, JP 1994-508423 19930922; AU 680441 B AU 1993-51357 19930922; JP 3020277 B2 WO 1993-US8983 19930922, JP 1994-508423 19930922; EP 661969 B1 EP 1993-922310 19930922, WO 1993-US8983 19930922; DE 69332758 E DE 1993-632758 19930922, EP 1993-922310 19930922, WO 1993-US8983 19930922

FDT AU 9351357 A Based on WO 9406422; EP 661969 A1 Based on WO 9406422; JP 08501560 W Based on WO 9406422; AU 680441 B Previous Publ. AU 9351357, Based on WO 9406422; JP 3020277 B2 Previous Publ. JP 08501560, Based on WO 9406422; EP 661969 B1 Based on WO 9406422; DE 69332758 E Based on EP 661969, Based on WO 9406422

PRAI US 1992-950380 19920922; US 1994-178463 19940106

AB WO 9406422 UPAB: 19940524
The use of **taxol** for the mfr. of a medicament for treatment of patients suffering from lymphoma or **breast cancer**, is new.
USE/ADVANTAGE - **Taxol** is microtubule agent isolated from the stem bark of Taxus brevifolia, the western (Pacific) yew tree. The method provides a **low-dose**, long-term exposure to **taxol**. The method serves to prevent or retard the adverse side effects associated with **Taxol** and to reduce the changes of patients developing mdr **Taxol** resistance. Dosage is between 17.5 and 35 mg of **taxol** per m2 of patient surface area in 24 hrs.. A **taxol** solution is pref. infused into the patient over a period of at least 96 hrs..
Dwg.0/0

ABEQ US 5496846 UPAB: 19960417
A method of treating a patient suffering from **breast cancer**, which comprises:
(a) **intravenously** infusing taxol into said patient at a continuous dosage rate of between 17.5 to 35 milligrams of taxol per square. . . period of 96 hours; and
(b) repeating said step (a) in 21 day cycles until remission of said patient's **breast cancer** is obtained.
Dwg.0/0

TT TT: **LOW DOSE** LONG TERM **TAXOL** INFUSION USEFUL TREAT **BREAST CANCER**.

=> d l7 abs ibib kwic 1-20

L7 ANSWER 1 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
ACCESSION NUMBER: 2000:45604 BIOSIS
DOCUMENT NUMBER: PREV200000045604
TITLE: **Low dose** of liposomal amphotericin is effective in prevention of oral mucositis following high dose **chemotherapy** (HDCT).
AUTHOR(S): Cinieri, S. [Reprint author]; Orlando, L. [Reprint author]; El Taani, H. [Reprint author]; Coquio, A. [Reprint author];

Peccatori, F. [Reprint author]; Cocorocchio, E. [Reprint author]; Ferrucci, P. F. [Reprint author]; Scalamogna, R. [Reprint author]; Agazzi, A. [Reprint author]; Piras, A. [Reprint author]; Bertolini, F. [Reprint author]; Martinelli, G. [Reprint author]
CORPORATE SOURCE: Hematology-Oncology, IRCCS European Institute of Oncology, Milan, Italy
SOURCE: Blood, (Nov. 15, 1999) Vol. 94, No. 10 SUPPL. 1 PART 2, pp. 366b. print.
Meeting Info.: Forty-first Annual Meeting of the American Society of Hematology. New Orleans, Louisiana, USA. December 3-7, 1999. The American Society of Hematology.
CODEN: BLOOAW. ISSN: 0006-4971.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 26 Jan 2000
Last Updated on STN: 31 Dec 2001

TI **Low dose** of liposomal amphotericin is effective in prevention of oral mucositis following high dose **chemotherapy** (HDCT).

SO Blood, (Nov. 15, 1999) Vol. 94, No. 10 SUPPL. 1 PART 2, pp. 366b. print.
Meeting Info.: Forty-first Annual Meeting of the American Society of Hematology. New Orleans, Louisiana, USA. December 3-7, 1999. The American Society of Hematology.
CODEN: BLOOAW. ISSN: 0006-4971.

IT Major Concepts
Dental Medicine (Human Medicine, Medical Sciences); Oncology (Human Medicine, Medical Sciences); Pharmacology; Toxicology

IT Diseases
breast cancer: **neoplastic** disease, reproductive system disease/female, treatment
Breast Neoplasms (MeSH)

IT Diseases
oral mucositis: dental and oral disease, chemotherapy-induced, prevention

IT Chemicals & Biochemicals
CTX [cyclophosphamide]: antineoplastic-drug, adverse effects,. . . adverse effects, high dose; epirubicin: antineoplastic-drug, adverse effects, high dose; ifosphamide: antineoplastic-drug, adverse effects, high dose; liposomal amphotericin: antifungal-drug, efficacy, **intravenous** administration, low dose, prophylactic use

L7 ANSWER 2 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB Both induction **chemotherapy** and concurrent **low-dose** cisplatin have been shown to improve results of thoracic irradiation in the treatment of locally advanced non-small-cell **lung cancer** (NSCLC). This phase II study was designed to investigate activity and feasibility of a novel chemoradiation regimen consisting of induction **chemotherapy** followed by standard radiotherapy and concurrent daily **low-dose** cisplatin. Previously untreated patients with histologically/cytologically proven unresectable stage IIIA/B NSCLC were eligible. Induction **chemotherapy** consisted of vinblastine 5 mg m-2 **intravenously** (i.v.) on days 1, 8, 15, 22 and 29, and cisplatin 100 mg m-2 i.v. on days 1 and 22 followed by continuous radiotherapy (60 Gy in 30 fractions) given concurrently with daily cisplatin at a dose of 5 mg m-2 i.v. Thirty-two patients were enrolled. Major toxicity during induction **chemotherapy** was haematological: grade III-IV

leukopenia was observed in 31% and grade II anaemia in 16% of the patients. The most common severe toxicity during concurrent chemoradiation consisted of grade III leukopenia (21% of the patients); grade III oesophagitis occurred in only two patients and pulmonary toxicity in one patient who died of this complication. Eighteen of 32 patients (56%, 95% CI 38-73%) had a major response (11 partial response, seven complete response). With a median follow-up of 38.4 months, the median survival was 12.5 months and the actuarial survival rates at 1, 2 and 3 years were 52%, 26% and 19% respectively. The median event-free survival was 8.3 months with a probability of 40%, 23% and 20% at 1, 2 and 3 years respectively. Induction **chemotherapy** followed by concurrent daily **low-dose** cisplatin and thoracic irradiation, in patients with locally advanced NSCLC, is active and feasible with minimal non-haematological toxicity. Long-term survival results are promising and appear to be similar to those of more toxic chemoradiation regimens, warranting further testing of thisnovel chemoradiation strategy.

ACCESSION NUMBER: 1999:461722 BIOSIS
DOCUMENT NUMBER: PREV199900461722
TITLE: Induction **chemotherapy** followed by concurrent standard radiotherapy and daily **low-dose** cisplatin in locally advanced non-small-cell **lung cancer**.
AUTHOR(S): Ardizzoni, A. [Reprint author]; Grossi, F.; Scolaro, T.; Giudici, S.; Foppiano, F.; Boni, L.; Tixi, L.; Cosso, M.; Mereu, C.; Battista Ratto, G.; Vitale, V.; Rosso, R.
CORPORATE SOURCE: Division of Medical Oncology I, Istituto Nazionale per la Ricerca sul Cancro, Largo R Benzi 10, 16132, Genova, Italy
SOURCE: British Journal of Cancer, (Sept., 1999) Vol. 81, No. 2, pp. 310-315. print.
CODEN: BJCAAI. ISSN: 0007-0920.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 1 Nov 1999
Last Updated on STN: 1 Nov 1999

TI Induction **chemotherapy** followed by concurrent standard radiotherapy and daily **low-dose** cisplatin in locally advanced non-small-cell **lung cancer**.

SO British Journal of Cancer, (Sept., 1999) Vol. 81, No. 2, pp. 310-315. print.
CODEN: BJCAAI. ISSN: 0007-0920.

AB Both induction **chemotherapy** and concurrent **low-dose** cisplatin have been shown to improve results of thoracic irradiation in the treatment of locally advanced non-small-cell **lung cancer** (NSCLC). This phase II study was designed to investigate activity and feasibility of a novel chemoradiation regimen consisting of induction **chemotherapy** followed by standard radiotherapy and concurrent daily **low-dose** cisplatin. Previously untreated patients with histologically/cytologically proven unresectable stage IIIA/B NSCLC were eligible. Induction **chemotherapy** consisted of vinblastine 5 mg m-2 **intravenously** (i.v.) on days 1, 8, 15, 22 and 29, and cisplatin 100 mg m-2 i.v. on days 1 and 22. . . . concurrently with daily cisplatin at a dose of 5 mg m-2 i.v. Thirty-two patients were enrolled. Major toxicity during induction **chemotherapy** was haematological: grade III-IV leukopenia was observed in 31% and grade II anaemia in 16% of the patients. The most. . . . survival was 8.3 months with a probability of 40%, 23% and 20% at 1, 2 and 3 years respectively. Induction **chemotherapy** followed by concurrent daily **low-**

dose cisplatin and thoracic irradiation, in patients with locally advanced NSCLC, is active and feasible with minimal non-haematological toxicity. Long-term survival. . .

IT . . .
Medical Sciences)

IT Diseases
esophagitis: digestive system disease
Esophagitis (MeSH)

IT Diseases
leukopenia: blood and lymphatic disease
Leukopenia (MeSH)

IT Diseases
non-small-cell **lung cancer**: **neoplastic** disease, respiratory system disease, treatment
Carcinoma, Non-Small-Cell **Lung** (MeSH); **Lung Neoplasms** (MeSH)

IT Chemicals & Biochemicals
cisplatin: antineoplastic-drug, low-dose; vinblastine: antineoplastic-drug, **intravenous** administration

L7 ANSWER 3 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB Adjuvant **chemotherapy** after surgery for early **breast cancer** has been shown to reduce disease recurrence and mortality. The effectiveness of 'classical' oral CMF (oral cyclophosphamide on days 1 to 14, combined with **intravenous** methotrexate and 5-fluorouracil given **intravenously** on days 1 and 8, repeated every 28 days) is well established. Modified protocols of CMF (where all three drugs are given as bolus **intravenous** injections once or twice every 3 or 4 weeks) have been used in many centres, because of a perceived greater convenience, better compliance, and reduced toxicity. Many such **intravenous** CMF (IV CMF) protocols deliver somewhat **lower** total drug **doses**, at a **lower dose** intensity, than classical oral CMF. It is important to know if there is any resultant reduction in efficacy with such regimens. This study compares the delivered dose intensity, efficacy and toxicity of the classical oral regimen with that of a modified CMF regimen delivered **intravenously** at 3-weekly intervals forsix cycles. We performed a retrospective study of women with axillary node-positive **breast cancer** treated at our centre, between January 1980 and December 1991, in the adjuvant setting with either classical oral CMF (n=70) or with an IV CMF protocol (n=200). Although the mean delivered dose intensity was higher in the oral CMF than in the IV CMF group, we detected no difference in disease-free or overall survival at 5 years. Alopecia and weight gain were reported more frequently in the oral CMF group than in the IV CMF group. Nausea and emesis were also more severe in the oral group, although this may reflect, at least in part, the use of different antiemetics in the two cohorts. Although many patients are willing to tolerate quite severe side-effects for relatively small additional gains in survival, for others, reduced side-effects and fewer clinic attendances may make IV CMF an attractive option. Our data suggest that IV CMF remains a reasonable alternative for such patients.

ACCESSION NUMBER: 1999:347293 BIOSIS
DOCUMENT NUMBER: PREV199900347293
TITLE: Adjuvant chemotherapy for node-positive **breast cancer**: A retrospective comparison of two different regimens of cyclophosphamide, methotrexate and 5-fluorouracil.
AUTHOR(S): Yip, D.; Rangan, A. M.; Harnett, P. R.; Ahern, V.; Boyages, J. [Reprint author]

CORPORATE SOURCE: NSW Breast Cancer Institute, Westmead, NSW, 2145, Australia
SOURCE: Breast, (Feb., 1999) Vol. 8, No. 1, pp. 28-34. print.
ISSN: 0960-9776.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 24 Aug 1999
Last Updated on STN: 24 Aug 1999

TI Adjuvant chemotherapy for node-positive **breast cancer**: A retrospective comparison of two different regimens of cyclophosphamide, methotrexate and 5-fluorouracil.

SO Breast, (Feb., 1999) Vol. 8, No. 1, pp. 28-34. print.
ISSN: 0960-9776.

AB Adjuvant **chemotherapy** after surgery for early **breast cancer** has been shown to reduce disease recurrence and mortality. The effectiveness of 'classical' oral CMF (oral cyclophosphamide on days 1 to 14, combined with **intravenous** methotrexate and 5-fluorouracil given **intravenously** on days 1 and 8, repeated every 28 days) is well established. Modified protocols of CMF (where all three drugs are given as bolus **intravenous** injections once or twice every 3 or 4 weeks) have been used in many centres, because of a perceived greater convenience, better compliance, and reduced toxicity. Many such **intravenous** CMF (IV CMF) protocols deliver somewhat **lower** total drug **doses**, at a **lower dose** intensity, than classical oral CMF. It is important to know if there is any resultant reduction in efficacy with such. . . . the delivered dose intensity, efficacy and toxicity of the classical oral regimen with that of a modified CMF regimen delivered **intravenously** at 3-weekly intervals forsix cycles. We performed a retrospective study of women with axillary node-positive **breast cancer** treated at our centre, between January 1980 and December 1991, in the adjuvant setting with either classical oral CMF (n=70). . .

IT Major Concepts
Gynecology (Human Medicine, Medical Sciences); Oncology (Human Medicine, Medical Sciences); Pharmacology

IT Diseases
breast cancer: reproductive system disease/female, **neoplastic** disease, diagnosis, node-positive
Breast Neoplasms (MeSH)

IT Chemicals & Biochemicals
cyclophosphamide: antineoplastic-drug; methotrexate: antineoplastic-drug; 5-fluorouracil: antineoplastic-drug

L7 ANSWER 4 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB Purpose: To evaluate the outcome in patients with stage II hormone receptor-positive **breast cancer** treated or not treated with **low-dose**, short-term **chemotherapy** in addition to tamoxifen in terms of disease-free and overall survival. Patients and Methods: A total of 613 patients were randomized to receive either **low-dose chemotherapy** (doxorubicin 20 mg/m2 and vincristine 1 mg/m2 on day 1; cyclophosphamide 300 mg/m2; methotrexate 25 mg/m2; and fluorouracil 600 mg/m2 on days 29 and 36 **intravenously**) or no **chemotherapy** in addition to 20 mg of tamoxifen orally for 2 years. A third group without any treatment (postmenopausal patients only) was terminated after the accrual of 79 patients due to ethical reasons. Results: After a median follow-up period of 7.5 years, the addition of **chemotherapy** did not improve the outcome in patients as compared with those treated with tamoxifen alone, neither with respect to disease-free nor overall survival. Multivariate analysis of prognostic factors for disease-free survival revealed

menopausal status, in addition to nodal status, progesterone receptor, and histologic grade as significant. Both untreated postmenopausal and tamoxifen-treated premenopausal patients showed identical prognoses significantly inferior to the tamoxifen-treated postmenopausal cohort. Prognostic factors for overall survival in the multivariate analysis showed nodal and **tumor** stage, **tumor** grade, and hormone receptor level as significant. Conclusion: **Low-dose chemotherapy** in addition to tamoxifen does not improve the prognosis of stage II **breast cancer** patients with hormone-responsive **tumors**. Tamoxifen-treated postmenopausal patients show a significantly better prognosis than premenopausal patients, favoring the hypothesis of a more pronounced effect of tamoxifen in the older age groups.

ACCESSION NUMBER: 1999:319016 BIOSIS
DOCUMENT NUMBER: PREV199900319016
TITLE: Randomized trial of **low-dose chemotherapy** added to tamoxifen in patients with receptor-positive and lymph node-positive **breast cancer**.
AUTHOR(S): Jakesz, R. [Reprint author]; Hausmaninger, H.; Haider, K.; Kubista, E.; Samonigg, H.; Gnant, M.; Manfreda, D.; Tschurtschenthaler, G.; Kolb, R.; Stierer, M.; Fridrik, M.; Mlineritsch, B.; Steindorfer, P.; Mittlboeck, M.; Steger, G.; Austrian Breast Cancer Study Group
CORPORATE SOURCE: Department of Surgery, University of Vienna, Waehringer Guertel 18-20, 1090, Vienna, Austria
SOURCE: Journal of Clinical Oncology, (June, 1999) Vol. 17, No. 6, pp. 1701-1709. print.
CODEN: JCONDN. ISSN: 0732-183X.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 17 Aug 1999
Last Updated on STN: 17 Aug 1999

TI Randomized trial of **low-dose chemotherapy** added to tamoxifen in patients with receptor-positive and lymph node-positive **breast cancer**.

SO Journal of Clinical Oncology, (June, 1999) Vol. 17, No. 6, pp. 1701-1709. print.
CODEN: JCONDN. ISSN: 0732-183X.

AB Purpose: To evaluate the outcome in patients with stage II hormone receptor-positive **breast cancer** treated or not treated with **low-dose**, short-term **chemotherapy** in addition to tamoxifen in terms of disease-free and overall survival. Patients and Methods: A total of 613 patients were randomized to receive either **low-dose chemotherapy** (doxorubicin 20 mg/m2 and vincristine 1 mg/m2 on day 1; cyclophosphamide 300 mg/m2; methotrexate 25 mg/m2; and fluorouracil 600 mg/m2 on days 29 and 36 **intravenously**) or no **chemotherapy** in addition to 20 mg of tamoxifen orally for 2 years. A third group without any treatment (postmenopausal patients only). . . accrual of 79 patients due to ethical reasons. Results: After a median follow-up period of 7.5 years, the addition of **chemotherapy** did not improve the outcome in patients as compared with those treated with tamoxifen alone, neither with respect to disease-free. . . prognoses significantly inferior to the tamoxifen-treated postmenopausal cohort. Prognostic factors for overall survival in the multivariate analysis showed nodal and **tumor** stage, **tumor** grade, and hormone receptor level as significant. Conclusion: **Low-dose chemotherapy** in addition to tamoxifen does not improve the prognosis of stage II

breast cancer patients with hormone-responsive **tumors**. Tamoxifen-treated postmenopausal patients show a significantly better prognosis than premenopausal patients, favoring the hypothesis of a more pronounced effect of. . .

IT Major Concepts
Oncology (Human Medicine, Medical Sciences); Pharmacology

IT Diseases
breast cancer: reproductive system disease/female, **neoplastic** disease, **low-dose** **chemotherapy**, receptor positivity, lymph node positivity
Breast Neoplasms (MeSH)

IT Chemicals & Biochemicals
cyclophosphamide: antineoplastic-drug, combination therapy, randomized trial, low dose administration; doxorubicin: antineoplastic-drug, randomized trial, low dose. . .

L7 ANSWER 5 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB The role and optimal use of audiometry in monitoring for cisplatin ototoxicity are incompletely defined. Audiograms were obtained from 217 patients before treatment with cisplatin-based **chemotherapy** for **cancers** of the esophagus, **lung**, or head and neck. Posttreatment audiometry then was conducted in 53 of these patients. **Chemotherapy** consisted of two (87%) or three (13%) courses of cisplatin at a dose of 20 mg/m2/day given as a continuous **intravenous** infusion over 4 days. Simultaneous 5-fluorouracil or **paclitaxel** also was given, and 38% received concurrent radiation therapy to the head and neck. Air-conduction thresholds for each ear were obtained at 250, 500, 1000, 2000, 4000, 6000, and 8000 Hz. Three three-frequency pure-tone averages (PTA) also were calculated. Framingham gender-specific, age-adjusted norms were used, beginning at age 60 to correct for presbycusis, and the upper limit of normal was calculated as the greater of the Framingham mean plus twice the standard error, or 25dB. Hearing abnormality was defined as a threshold >10 dB above the norm for any PTA, or >20 dB above the norm for any individual frequency. Hearing loss was defined as an elevation over baseline threshold of >10 dB for any PTA or >20 dB for any individual frequency. Of the 217 patients who underwent baseline testing, 57 (26%) were found to have hearing abnormality in excess of the expected presbycusis. Post-cisplatin audiograms demonstrated hearing loss in 19 of the 53 retested patients (36%) when compared with their own baseline. As determined by tympanometry, none of these subjects had a conductive component to their hearing loss. These observations were independent of the duration of follow-up after treatment and of the total dose of cisplatin administered. The authors conclude that significant preexisting hearing abnormality is common in this patient population and that, even after **low-dose** cisplatin administration, additional hearing loss occurs frequently. Baseline testingis mandatory if follow-up studies are to be adequately interpreted.

ACCESSION NUMBER: 1999:295776 BIOSIS
DOCUMENT NUMBER: PREV199900295776
TITLE: Cisplatin ototoxicity: The importance of baseline audiometry.
AUTHOR(S): Nagy, Jodie L.; Adelstein, David J. [Reprint author]; Newman, Craig W.; Rybicki, Lisa A.; Rice, Thomas W.; Lavertu, Pierre
CORPORATE SOURCE: Cleveland Clinic Foundation, 9500 Euclid Avenue, Desk T-40, Cleveland, OH, 44195, USA
SOURCE: American Journal of Clinical Oncology, (June, 1999) Vol. 22, No. 3, pp. 305-308. print.

CODEN: AJCODI. ISSN: 0277-3732.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 5 Aug 1999
Last Updated on STN: 5 Aug 1999
SO American Journal of Clinical Oncology, (June, 1999) Vol. 22, No. 3, pp. 305-308. print.
CODEN: AJCODI. ISSN: 0277-3732.

AB. . . of audiometry in monitoring for cisplatin ototoxicity are incompletely defined. Audiograms were obtained from 217 patients before treatment with cisplatin-based **chemotherapy** for **cancers** of the esophagus, **lung**, or head and neck. Posttreatment audiometry then was conducted in 53 of these patients. **Chemotherapy** consisted of two (87%) or three (13%) courses of cisplatin at a dose of 20 mg/m2/day given as a continuous **intravenous** infusion over 4 days. Simultaneous 5-fluorouracil or **paclitaxel** also was given, and 38% received concurrent radiation therapy to the head and neck. Air-conduction thresholds for each ear were. . . cisplatin administered. The authors conclude that significant preexisting hearing abnormality is common in this patient population and that, even after **low-dose** cisplatin administration, additional hearing loss occurs frequently. Baseline testingis mandatory if follow-up studies are to be adequately interpreted.

IT Major Concepts
Oncology (Human Medicine, Medical Sciences); Pharmacology; Toxicology

IT Diseases
esophagus **cancer**: digestive system disease, **neoplastic** disease

IT Diseases
head and neck **cancer**: **neoplastic** disease
Head and Neck **Neoplasms** (MeSH)

IT Diseases
hearing loss: ear disease, toxicity
Hearing Disorders (MeSH)

IT Diseases
lung cancer: **neoplastic** disease, respiratory system disease
Lung Neoplasms (MeSH)

IT Chemicals & Biochemicals
cisplatin: antineoplastic-drug, ototoxicity; paclitaxel: antineoplastic-drug; 5-fluorouracil: antineoplastic-drug

L7 ANSWER 6 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB BACKGROUND: Topotecan is a new antineoplastic agent with a broad spectrum of activity. The purpose of this Phase I trial was to define the maximum tolerated dose of topotecan when added to the widely used combination of **paclitaxel** and carboplatin. METHODS: Patients with advanced **cancer** that was refractory or resistant to standard treatments were treated with **paclitaxel**, carboplatin, and topotecan; doses were escalated in sequential cohorts of patients. After definition of the maximum tolerated dose without cytokines, granulocyte-colony stimulating factor (G-CSF) was added and further dose escalation was attempted. RESULTS: The maximum tolerated doses were: **paclitaxel**, 135 mg/m2, as a 1-hour **intravenous** (i.v.) infusion on Day 1; carboplatin, area under the curve 5.0, on Day 1; and topotecan, 0.75 mg/m2, i.v. on Days 1, 2, and 3; the regimen was repeated every 21 days. Myelosuppression, particularly thrombocytopenia, was the dose-limiting toxicity with this three-drug combination. Nonhematologic toxicity was uncommon. The addition of G-CSF did not allow substantial dose escalation

because thrombocytopenia was unaffected by this agent. Eleven of 25 patients had major responses to this combination, including 8 of 14 patients with previously treated small cell **lung** carcinoma. CONCLUSIONS: The combination of **paclitaxel**, carboplatin, and topotecan is feasible, although only relatively **low** **doses** of all three drugs can be tolerated due to myelosuppression. This regimen showed a high level of activity in these patients with refractory **cancer**, and merits further investigation.

ACCESSION NUMBER: 1999:148473 BIOSIS
DOCUMENT NUMBER: PREV199900148473
TITLE: Phase I trial of paclitaxel, carboplatin, and topotecan with or without filgrastim (granulocyte-colony stimulating factor) in the treatment of patients with advanced, refractory **cancer**.
AUTHOR(S): Hainsworth, John D. [Reprint author]; Burris, Howard A., III; Morrissey, Lisa H.; Greco, F. Anthony
CORPORATE SOURCE: Sarah Cannon Cancer Cent., Centennial Med. Cent., 250 25th Ave., No., Suite 412, Nashville, TN 37203, USA
SOURCE: Cancer, (March 1, 1999) Vol. 85, No. 5, pp. 1179-1185. print.
CODEN: CANCAR. ISSN: 0008-543X.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 13 Apr 1999
Last Updated on STN: 13 Apr 1999

TI. . . of paclitaxel, carboplatin, and topotecan with or without filgrastim (granulocyte-colony stimulating factor) in the treatment of patients with advanced, refractory **cancer**.

SO Cancer, (March 1, 1999) Vol. 85, No. 5, pp. 1179-1185. print.
CODEN: CANCAR. ISSN: 0008-543X.

AB. . . Phase I trial was to define the maximum tolerated dose of topotecan when added to the widely used combination of **paclitaxel** and carboplatin. METHODS: Patients with advanced **cancer** that was refractory or resistant to standard treatments were treated with **paclitaxel**, carboplatin, and topotecan; doses were escalated in sequential cohorts of patients. After definition of the maximum tolerated dose without cytokines, granulocyte-colony stimulating factor (G-CSF) was added and further dose escalation was attempted. RESULTS: The maximum tolerated doses were: **paclitaxel**, 135 mg/m2, as a 1-hour **intravenous** (i.v.) infusion on Day 1; carboplatin, area under the curve 5.0, on Day 1; and topotecan, 0.75 mg/m2, i.v. on. . . Eleven of 25 patients had major responses to this combination, including 8 of 14 patients with previously treated small cell **lung** carcinoma. CONCLUSIONS: The combination of **paclitaxel**, carboplatin, and topotecan is feasible, although only relatively **low** **doses** of all three drugs can be tolerated due to myelosuppression. This regimen showed a high level of activity in these patients with refractory **cancer**, and merits further investigation.

IT Major Concepts
Oncology (Human Medicine, Medical Sciences); Pharmacology

IT Diseases
cancer: **neoplastic** disease, advanced, treatment, refractory, diagnosis
Neoplasms (MeSH)

IT Chemicals & Biochemicals
carboplatin: antineoplastic-drug, phase I trial, combination chemotherapy; filgrastim [granulocyte colony stimulating factor]: hematologic-drug, combination chemotherapy,. . .

L7 ANSWER 7 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB BACKGROUND: The effectiveness of a **chemotherapy** regimen including 5-fluorouracil (5-FU) and recombinant interferon-alpha-2a (rIFN-alpha-2a) was evaluated in hormone-refractory **prostate cancer** patients. METHODS: Patients received a continuous **intravenous** infusion of 5-FU at 600 mg/ml/day for 5 days (D1-D5), followed by a bolus injection of 5-FU on D15 and D22. Patients received intramuscular injection of rIFN-alpha-2a at 3 million IU on D1, D3, D5, D15, and D22. This schedule was repeated every 4 weeks. RESULTS: Between 1993 and 1995, 23 patients with hormone refractory **prostate cancer** were enrolled in this study. Two of five patients with nodal disease exhibited partial responses according to the NPCP criteria. Fourteen of 17 patients with bone disease showed stable disease. Of 21 patients assessable for response, 9 patients had a decrease in the PSA level greater than 50% of baseline. Bone pain disappeared partially or completely in 8 of 14 patients with this symptom at entry. The median overall survival was 18 months. The associate toxicity was well tolerable. CONCLUSIONS: Combination **chemotherapy** of 5-FU and **low dose** rIFN-alpha-2a in patients with hormone-refractory **prostate cancer** proved feasible, and with acceptable toxicity.

ACCESSION NUMBER: 1998:217330 BIOSIS
DOCUMENT NUMBER: PREV199800217330
TITLE: 5-Fluorouracil and low-dose recombinant interferon-alpha-2a in patients with hormone-refractory adenocarcinoma of the **prostate**.
AUTHOR(S): Shinohara, Nobuo [Reprint author]; Demura, Takayoshi; Matsumura, Kin-Ya; Toyoda, Ken-Ichi; Kashiwagi, Akira; Nagamori, Satoshi; Ohmuro, Hiroshi; Ohzono, Sei-Ichirou; Koyanagi, Tomohiko
CORPORATE SOURCE: Dep. Urol., Hokkaido Univ. Sch. Med., North-15, West-7, Kita-ku, Sapporo 060, Japan
SOURCE: Prostate, (April, 1998) Vol. 35, No. 1, pp. 56-62. print. CODEN: PRSTDS. ISSN: 0270-4137.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 11 May 1998
Last Updated on STN: 11 May 1998

TI 5-Fluorouracil and low-dose recombinant interferon-alpha-2a in patients with hormone-refractory adenocarcinoma of the **prostate**.

SO Prostate, (April, 1998) Vol. 35, No. 1, pp. 56-62. print.
CODEN: PRSTDS. ISSN: 0270-4137.

AB BACKGROUND: The effectiveness of a **chemotherapy** regimen including 5-fluorouracil (5-FU) and recombinant interferon-alpha-2a (rIFN-alpha-2a) was evaluated in hormone-refractory **prostate cancer** patients. METHODS: Patients received a continuous **intravenous** infusion of 5-FU at 600 mg/ml/day for 5 days (D1-D5), followed by a bolus injection of 5-FU on D15 and. . . D15, and D22. This schedule was repeated every 4 weeks. RESULTS: Between 1993 and 1995, 23 patients with hormone refractory **prostate cancer** were enrolled in this study. Two of five patients with nodal disease exhibited partial responses according to the NPCP criteria.. . . with this symptom at entry. The median overall survival was 18 months. The associate toxicity was well tolerable. CONCLUSIONS: Combination **chemotherapy** of 5-FU and **low dose** rIFN-alpha-2a in patients with hormone-refractory **prostate cancer** proved feasible, and with acceptable toxicity.

IT Major Concepts
Oncology (Human Medicine, Medical Sciences); Pharmacology

IT Diseases
adenocarcinoma of the **prostate**: urologic disease, **neoplastic** disease, reproductive system disease/male, hormone-refractory
IT Chemicals & Biochemicals
recombinant interferon-alpha-2a: antineoplastic-drug, combination therapy; PSA [**prostate** specific antigen]; 5-fluorouracil: antineoplastic-drug, combination therapy

L7 ANSWER 8 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AB This study was undertaken to assess the significance of **lung** -resistance related protein (LRP) expression in plasma cells from untreated multiple myeloma (MM) patients and to determine whether LRP was associated with a poor response and survival in patients treated with different dose regimens of melphalan. Seventy untreated patients received conventional oral dose melphalan (0.25 mg/kg, day 1 to 4) combined with prednisone (MP) or **intravenous** intermediate-IDM; 70 mg/m2) or high- (140 mg/m2) dose Melphalan (HDM). LRP expression was assessed with immunocytochemistry using the LRP-56 monoclonal antibody. LRP expression was found in 47% of patients. In the MP treated patients, LRP expression was a significant prognostic factor regarding response induction ($P < .05$), event free survival ($P < .003$), and overall survival ($P < .001$). In the intensified dose melphalan treated patients LRP did not have a prognostic value. The response rates of LRP-positive patients to MP and IDM/HDM were 18% versus 81 %, respectively ($P < .0001$). We conclude that LRP is frequently expressed in untreated MM patients and is an independent predictor for response and survival in patients treated with MR Pretreatment assessment of LRP identifies a subpopulation of patients with a poor probability of response to conventional dose melphalan. Dose intensification of melphalan is likely to overcome LRP-mediated resistance.

ACCESSION NUMBER: 1998:123237 BIOSIS
DOCUMENT NUMBER: PREV199800123237
TITLE: **Lung**-resistance-related protein expression is a negative predictive factor for response to conventional low but not to intensified dose alkylating chemotherapy in multiple myeloma.
AUTHOR(S): Raaijmakers, H. G. P.; Izquierdo, M. A. I.; Lokhorst, H. M. [Reprint author]; De Leeuw, C.; Belien, J. A. M.; Bloem, A. C.; Dekker, A. W.; Scheper, R. J.; Sonneveld, P.
CORPORATE SOURCE: University Hosp. Utrecht, Dep. Haematology, P.O. Box 85500, 3508 GA Utrecht, Netherlands
SOURCE: Blood, (Feb. 1, 1998) Vol. 91, No. 3, pp. 1029-1036. print. CODEN: BLOOAW. ISSN: 0006-4971.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 5 Mar 1998
Last Updated on STN: 5 Mar 1998

TI **Lung**-resistance-related protein expression is a negative predictive factor for response to conventional low but not to intensified dose alkylating chemotherapy in. . .
SO Blood, (Feb. 1, 1998) Vol. 91, No. 3, pp. 1029-1036. print. CODEN: BLOOAW. ISSN: 0006-4971.
AB This study was undertaken to assess the significance of **lung** -resistance related protein (LRP) expression in plasma cells from untreated multiple myeloma (MM) patients and to determine whether LRP was associated. . . melphalan. Seventy untreated patients received conventional oral dose melphalan (0.25 mg/kg, day 1 to 4) combined with prednisone (MP) or **intravenous** intermediate-IDM; 70 mg/m2) or

high- (140 mg/m2) dose Melphalan (HDM). LRP expression was assessed with immunocytochemistry using the LRP-56 monoclonal. . .

IT . . .
Medicine, Medical Sciences); Oncology (Human Medicine, Medical Sciences); Pharmacology

IT Diseases
multiple myeloma: blood and lymphatic disease, immune system disease, **neoplastic** disease
Multiple Myeloma (MeSH)

IT Chemicals & Biochemicals
lung-resistance related protein: expression

IT Methods & Equipment
alkylating **chemotherapy**: conventional **low dose**, intensified **dose**, therapeutic method, pharmacological method

L7 ANSWER 9 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB Objectives: Renal cell carcinoma is relatively resistant to both **chemotherapy** and immunotherapy. Response, survival, duration of response, and toxicity of treatment were evaluated in patients with advanced renal cell carcinoma receiving a continuous **intravenous** infusion of 5-fluorouracil (5-FU) and **low dose** subcutaneous alfa-2b-interferon. Methods: Between 1989 and 1994, 21 patients with advanced renal cell carcinoma underwent treatment with continuous **intravenous** infusion of 5-FU, 200 mg/m2/day, and subcutaneous injections of recombinant interferon alfa-2b (IFN-alpha), 1 X 106 U/day. Results. Objective response was observed in 9 patients (43%). Complete response occurred in 4 patients (19%): 2 with **lung**, 1 with bone, and 1 with liver metastasis. Partial response occurred in 5 patients (24%). Three of 4 complete responders remain alive without recurrence. Mean survival rate was 195 weeks among complete responders, 184 weeks among partial responders, and 88 weeks among nonresponders. The overall mean duration of response was 101 weeks. Responders developed progression of disease a mean of 62 weeks after the initial response to therapy. Mild dose-dependent toxicity was related to 5-FU infusion. Nearly all toxicities subsided with the temporary cessation of 5-FU infusion and/or decreasing the dose of the infusion. Few if any of the toxicities appear to be directly related to the **low dose** interferon injections. Conclusions: Although this study is based on a small sample size, we believe that the encouraging complete and partial responses, apparent prolongation of survival, and manageable toxicity of this combination therapy warrant further investigation with larger randomized trials.

ACCESSION NUMBER: 1998:96094 BIOSIS
DOCUMENT NUMBER: PREV199800096094
TITLE: Treatment of renal cell carcinoma with 5-fluorouracil and alfa-interferon.
AUTHOR(S): Gebrosky, Norman P.; Koukol, Stephen; Nseyo, Unyime O.; Carpenter, Cindy; Lamm, Donald L. [Reprint author]
CORPORATE SOURCE: Dep. Urol., WVU Health Sci. Cent., P. O. Box 9251, 5th Floor, Morgantown, WV 26506, USA
SOURCE: Urology, (Dec., 1997) Vol. 50, No. 6, pp. 863-868. print. ISSN: 0090-4295.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 25 Feb 1998
Last Updated on STN: 25 Feb 1998

SO Urology, (Dec., 1997) Vol. 50, No. 6, pp. 863-868. print. ISSN: 0090-4295.

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IT Major Concepts
Oncology (Human Medicine, Medical Sciences); Urology (Human Medicine, Medical Sciences)

IT Diseases
renal cell carcinoma: **neoplastic** disease, urologic disease
Carcinoma, Renal Cell (MeSH); Kidney **Neoplasms** (MeSH)

IT Chemicals & Biochemicals
alfa-interferon; 5-fluorouracil: antineoplastic-drug

L7 ANSWER 10 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB Because of its poor prognosis, new modalities to treat pancreatic **cancer** are highly welcome. Gammalinolenate (GLA) has been shown to possess antitumor activity on various human **cancer** cell lines in vitro and some evidence has been found of its modulative activity on tubulin active agents, such as vinca alkaloids. GLA treatment is thought to change the penetration and distribution of **chemotherapeutic** agents in pancreatic **tumor** tissue. The in vivo effects of GLA are widely unknown. This is the first study on the modulation effects of both oral or **intravenous** GL4 on blood perfusion in vivo. We analysed tissue perfusion prior to treatment and on the 10th day of GLA treatment in patients with pancreatic **cancer**. Dynamic gamma imaging was performed for 20 minutes after Tc-99m-MIBI injection, and the whole body was scanned after the dynamic study and at 4 hours. Half-lives in liver, left kidney, spleen, pancreas and **tumor** were recorded using a developed macro program for background corrected geometric mean data from irregular region of interests. Half-lives in the liver did not change due to oral GLA treatment, but they decreased dramatically in two of three patients after iv. GLA treatment. Additionally, individual changes were observed in pancreatic half-lives, as in four out of five cases the half-life increased and in one case it decreased. No major changes were observed in kidney and spleen half-lives. GLA treatment had no effects on the blood brain barrier. This technique demonstrates perfusion in salivary glands, thyroid, lungs, heart, spleen, kidneys, muscles, spine and **bladder**, but no changes in perfusion could be detected due to GLA treatment. However, qualitatively enhanced blood flow through the pancreatic **tumor** was observed. In all patients irrespective of the route of administration of GLA, the organ-to-background ratios in liver decreased. The effect is, however, smallest after oral dosing. The pancreas-to-background ratio was increased in 315 patients, these patients exhibited stabilized disease. In a patient with large liver metastases the pancreas-to-background ratio decreased, and she showed a rapid disease progression during GL4 therapy.

The change in the pancreatic uptake was inversely proportional to the change in CA 19-9 concentration. Our results indicate the that GLA treatment dramatically changes tissue perfusion, especially in liver and pancreatic **tumors**, even at **low doses**, and these changes may predict response to GLA therapy.

ACCESSION NUMBER: 1998:80513 BIOSIS
DOCUMENT NUMBER: PREV199800080513
TITLE: Effects of lithium gammalinolenate on the perfusion of liver and pancreatic tissues in pancreatic **cancer**
.
AUTHOR(S): Kairemo, Kalevi J. A. [Reprint author]; Jekunen, Antti P.; Korppi-Tommola, E. Tapani; Pyrhonen, Seppo O.
CORPORATE SOURCE: Dep. Clinical Chem., Helsinki Univ. Central Hosp., Haartmaninkatu 4, FIN-00290 Helsinki, Finland
SOURCE: Anticancer Research, (Sept.-Oct., 1997) Vol. 17, No. 5B, pp. 3729-3736. print.
CODEN: ANTRD4. ISSN: 0250-7005.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 24 Feb 1998
Last Updated on STN: 20 Mar 1998

TI Effects of lithium gammalinolenate on the perfusion of liver and pancreatic tissues in pancreatic **cancer**.

SO Anticancer Research, (Sept.-Oct., 1997) Vol. 17, No. 5B, pp. 3729-3736. print.
CODEN: ANTRD4. ISSN: 0250-7005.

AB Because of its poor prognosis, new modalities to treat pancreatic **cancer** are highly welcome. Gammalinolenate (GLA) has been shown to possess antitumor activity on various human **cancer** cell lines in vitro and some evidence has been found of its modulative activity on tubulin active agents, such as vinca alkaloids. GLA treatment is thought to change the penetration and distribution of **chemotherapeutic** agents in pancreatic **tumor** tissue. The in vivo effects of GLA are widely unknown. This is the first study on the modulation effects of both oral or **intravenous** GL4 on blood perfusion in vivo. We analysed tissue perfusion prior to treatment and on the 10th day of GLA treatment in patients with pancreatic **cancer**. Dynamic gamma imaging was performed for 20 minutes after Tc-99m-MIBI injection, and the whole body was scanned after the dynamic study and at 4 hours. Half-lives in liver, left kidney, spleen, pancreas and **tumor** were recorded using a developed macro program for background corrected geometric mean data from irregular region of interests. Half-lives in. . . on the blood brain barrier. This technique demonstrates perfusion in salivary glands, thyroid, lungs, heart, spleen, kidneys, muscles, spine and **bladder**, but no changes in perfusion could be detected due to GLA treatment. However, qualitatively enhanced blood flow through the pancreatic **tumor** was observed. In all patients irrespective of the route of administration of GLA, the organ-to-background ratios in liver decreased. The. . . in CA 19-9 concentration. Our results indicate the that GLA treatment dramatically changes tissue perfusion, especially in liver and pancreatic **tumors**, even at **low doses**, and these changes may predict response to GLA therapy.

IT . . .
Parts, Structures, & Systems of Organisms
kidney: excretory system; liver: digestive system; pancreas: digestive system, endocrine system
IT Diseases
pancreatic **cancer**: digestive system disease, **neoplastic** disease

Pancreatic **Neoplasms** (MeSH)
IT Chemicals & Biochemicals
lithium gammalinolenate: antineoplastic-drug

L7 ANSWER 11 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AB A hyperfractionated radiation therapy (HFX RT) trial (1.2 Gy twice daily, b.i.d.) (HFX) for non-small cell **lung cancer** (NSCLC) showed that 69.6 Gy resulted in better survival than did **lower** total **doses** (Radiation Therapy Oncology Group, RTOG 83-11) and that cisplatin concurrent with irradiation improved local control and survival over RT alone (Radiation Therapy Oncology Group, RTOG 91-06). Concurrent combination **chemotherapy** and HFX could improve both local and systemic control. In a phase II trial (RTOG 91-06) for inoperable NSCLC, two cycles of PE were used (cisplatin 50 mg/m-2 **intravenously** (i.v.) days 1 and 8, etoposide 50 mg orally (p.o.) b.i.d., 75 mg/day if body surface area (BSA) lt 1.7 m-2, days 1-14) starting on day 1 of HFX (69.6 Gy) and repeated on day 29. HFX/PE was compared with HFX (69.6 Gy) from an earlier phase II trial (RTOG 83-11). Seventy-six patients treated with HFX/PE and 203 patients who received HFX alone were compared for toxicity, response, survival, and patterns of failure. The rates of grade 4 nonhematologic toxicity were similar (3.0% for HFX/PE, 3.0% for HFX), but grade 4 hematologic toxicity occurred only with HFX/PE 56.6%. Three (3.9%) HFX/PE patients had fatal toxicity (2 pulmonary, 1 renal): 1 HFX patient had fatal esophageal toxicity. Response and metastasis rates were similar for the two treatments, but infield ($p = 0.054$) and overall ($p = 0.04$) progression-free survival rates were better with HFX/PE. Median survivals were 18.9 months with HFX/PE and 10.6 months with HFX. Two-year survival rates were 36% for HFX/PE and 22% for HFX ($p = 0.014$). The differences in survival between HFX/PE and HFX remained borderline statistically significant ($p = 0.0593$) in the multivariate model, which included weight loss, Karnofsky performance status (KPS), sex, and stage. HFX/PE is an effective regimen in patients with inoperable NSCLC, although it is considerably more toxic, and is undergoing a comparison in a three-arm randomized phase III study against induction cisplatin/vinblastine plus standard once-daily RT and against cisplatin/vinblastine concurrent with standard RT.
ACCESSION NUMBER: 1997:517526 BIOSIS
DOCUMENT NUMBER: PREV199799816729
TITLE: Impact of adding concurrent chemotherapy to hyperfractionated radiotherapy for locally advanced non-small cell **lung cancer** (NSCLC): Comparison of RTOG 83-11 and RTOG 91-06.
AUTHOR(S): Komaki, Ritsuko [Reprint author]; Scott, Charles; Lee, Jin S.; Urtasun, Raul C.; Byhardt, Roger W.; Emami, Bahman; Andras, Ellis J.; Asbell, Sucho O.; Rotman, Marvin; Cox, James D.
CORPORATE SOURCE: Dep. Radiotherapy, Univ. Texas M.D. Anderson Cancer Center, 1515 Holcombe Blvd., Houston, TX 77030, USA
SOURCE: American Journal of Clinical Oncology, (1997) Vol. 20, No. 5, pp. 435-440.
CODEN: AJCODI. ISSN: 0277-3732.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 10 Dec 1997
Last Updated on STN: 10 Dec 1997
TI Impact of adding concurrent chemotherapy to hyperfractionated radiotherapy for locally advanced non-small cell **lung cancer** (NSCLC): Comparison of RTOG 83-11 and RTOG 91-06.
SO American Journal of Clinical Oncology, (1997) Vol. 20, No. 5, pp. 435-440.

CODEN: AJCODI. ISSN: 0277-3732.

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IT Miscellaneous Descriptors
ANTINEOPLASTIC-DRUG; CHEMOTHERAPY; CISPLATIN; CONCURRENT THERAPY; HYPERFRACTIONATED RADIOTHERAPY; LOCALLY ADVANCED; METHODOLOGY; **NEOPLASTIC** DISEASE; NON-SMALL CELL **LUNG CANCER**; ONCOLOGY; PATIENT; RADIATION THERAPY ONCOLOGY GROUP 83-11; RADIATION THERAPY ONCOLOGY GROUP 91-06; RADIOLOGIC METHOD; RESPIRATORY SYSTEM DISEASE; THERAPEUTIC METHOD; TREATMENT;. . .

L7 ANSWER 12 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB Twenty-nine patients with gynecologic malignancies were treated with a fixed **low dose** of **intravenous** ondansetron (8 mg) plus dexamethasone (20 mg) in an effort to develop an effective and less expensive antiemetic regimen for the control of carboplatin-induced emesis. Twenty-six (90%) of the women participating in this trial experienced complete control of both acute nausea and vomiting (developing within the first 24 h after **chemotherapy** administration), while 27 (93%) patients exhibited either complete or major control (ltoreq 2 episodes of vomiting, ltoreq 5 episodes of retching, minimal interference with eating) of emesis. On the basis of our experience in this trial, we conclude that the combination of **low dose** (8 mg) **intravenous** ondansetron plus dexamethasone is a well-tolerated and highly cost-effective antiemetic strategy for individuals receiving carboplatin-based **chemotherapy**.

ACCESSION NUMBER: 1997:298483 BIOSIS
DOCUMENT NUMBER: PREV199799597686
TITLE: Low-dose **intravenous** ondansetron (8 mg) plus dexamethasone: An effective regimen for the control of carboplatin-induced emesis.
AUTHOR(S): Markman, Maurie [Reprint author]; Kennedy, Alexander; Webster, Kenneth; Peterson, Gertrude; Kulp, Barbara; Belinson, Jerome
CORPORATE SOURCE: Dep. Hematology/Med. Oncology, Cleveland Clinic Cancer Center, Cleveland Clinic Foundation, 9500 Euclid Ave., Cleveland, OH 44195, USA
SOURCE: Journal of Cancer Research and Clinical Oncology, (1997) Vol. 123, No. 4, pp. 224-226.
CODEN: JCROD7. ISSN: 0171-5216.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 9 Jul 1997
Last Updated on STN: 5 Aug 1997

TI Low-dose **intravenous** ondansetron (8 mg) plus dexamethasone: An effective regimen for the control of carboplatin-induced emesis.

SO Journal of Cancer Research and Clinical Oncology, (1997) Vol. 123, No. 4, pp. 224-226.
CODEN: JCROD7. ISSN: 0171-5216.

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IT Miscellaneous Descriptors
ANTIDOTE-DRUG; ANTINEOPLASTIC-DRUG; CARBOPLATIN; CARBOPLATIN-INDUCED EMESIS; CERVICAL **CANCER**; DEXAMETHASONE; DIGESTIVE SYSTEM DISEASE; DRUG TREATMENT; ENDOCRINE DISEASE/GONADS; ENDOMETRIAL **CANCER**; FEMALE; GASTROINTESTINAL-DRUG; HORMONE-DRUG; LOW-DOSE ADMINISTRATION; **NEOPLASTIC** DISEASE; ONCOLOGY; ONDANSETRON; **OVARIAN CANCER**; PATIENT; PHARMACOLOGY; REPRODUCTIVE SYSTEM DISEASE/FEMALE; TOXICITY; TOXICOLOGY

L7 ANSWER 13 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB Background: Vinblastine is commonly used in metastatic **breast cancer** after anthracycline failure. The response rate to vinblastine is approximately 20%, with short duration of response. In vitro studies have shown that the addition of hydroxyurea resulted in increased accumulation of vinblastine in **tumor** cells and in loss of double minutes. We evaluated the combination of vinblastine and hydroxyurea In patients with anthracycline-resistant metastatic **breast cancer**. Patients and Methods: Fourteen assessable patients with metastatic **breast cancer** were entered in the study. All patients had progressed on anthracyclines or progressed within 8 months of stopping anthracyclines. Patients received hydroxyurea (500 mg orally) every Monday, Wednesday and Friday starting one week before the first course of **chemotherapy** and continuing throughout treatment until disease progression. Vinblastine (6 mg/m-2) was given **intravenously** every 21 days. Results: The median number of courses for vinblastine was 3.5 (range, 1-6). Three patients had partial responses in soft tissue metastases (11%). Four patients had stable disease. Four patients had gt grade 2 neutropenia, and 1 patient had grade 4 thrombocytopenia. There were 2 cases of grade 3 constipation, 2 of grade 3 nausea, and 1 each of grade 2 neuropathy and myalgia. There was no treatment-related mortality. Conclusions: **Low-dose** hydroxyurea in combination with vinblastine has a 21% response rate in metastatic **breast cancer** after anthracycline failure. Toxicity was mild and generally reversible. At the adopted dose schedule of hydroxyurea, the antitumor activity of vinblastine in anthracycline-resistant metastatic **breast cancer** did not appear to be enhanced.

ACCESSION NUMBER: 1997:206841 BIOSIS
DOCUMENT NUMBER: PREV199799506044
TITLE: Hydroxyurea did not enhance the clinical response to vinblastine in patients with anthracycline-resistant metastatic **breast cancer**.
AUTHOR(S): Huan, Susan D. [Reprint author]; Yau, Jonathan C.; Tomiak, Eva; Goel, Rakesh; Cripps, Christine; Gertler, Stan Z.; Prosser, Isobel A.; Stewart, David J.
CORPORATE SOURCE: Ottawa Regional Cancer Centre, 190 Melrose Avenue, Ottawa, ON K1Y 4K7, Canada

SOURCE: Tumori, (1996) Vol. 82, No. 6, pp. 576-578.
CODEN: TUMOAB. ISSN: 0300-8916.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 12 May 1997
Last Updated on STN: 12 May 1997

TI Hydroxyurea did not enhance the clinical response to vinblastine in patients with anthracycline-resistant metastatic **breast cancer**.

SO Tumori, (1996) Vol. 82, No. 6, pp. 576-578.
CODEN: TUMOAB. ISSN: 0300-8916.

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IT Miscellaneous Descriptors
ANTHRACYCLINE-RESISTANT METASTATIC **TUMOR**;
ANTINEOPLASTIC-DRUG; **BREAST CANCER**; HYDROXYUREA;
NEOPLASTIC DISEASE; ONCOLOGY; PATIENT; PHARMACOLOGY;
REPRODUCTIVE SYSTEM DISEASE/FEMALE; VINBLASTINE

L7 ANSWER 14 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB Locally advanced or recurrent cervical **cancer** is highly responsive to treatment and at least moderately curable with effective aggressive treatment. Radiation therapy is the mainstay of treatment for patients with this **cancer**. The roles for surgery and **chemotherapy** are as yet unproved, and both modalities are currently under investigation for their potential roles in the management of these conditions. Exenterative surgery clearly has an established utility for central pelvic failures after prior radiation therapy. Postsurgical pelvic recurrences are rarely successfully treated for cure, but considerable palliative effect is possible. The roles of intraoperative irradiation, sensitizing **chemotherapy**, and radical resection with interstitial irradiation are all under investigation at this time. Much has been learned over the past several decades about what parameters are important for successful radiation therapy for cervical **cancers** of stages IIB-IVA. While the traditional staging work-up for these patients included excretory urography, barium enema, examination under anesthesia, cystoscopy, and

proctoscopy, there is now good evidence that computed tomography scan with **intravenous** contrast and office examination and biopsy are sufficient, with cystoscopy reserved for those few patients in whom clinical or imaging data suggest a higher risk of involvement. Surgical lymph node staging, especially of para-aortic lymph nodes, may be worthwhile in certain settings (e.g., for entry into research protocols), but it has no demonstrated role in routine clinical practice. Evidence is clear and convincing that effective treatment for these disease stages requires the inclusion of intracavitary brachytherapy. The role of interstitial brachytherapy is less clear, although there are some fervent advocates of this procedure. The debate continues about the use of **low-dose**-rate versus high-dose-rate brachytherapy.
Treatment dose, volume, and length of treatment course are all important variables with outcome implications. The central disease requires a total dose of 8000-9000 cGy for maximal control probability, with larger **tumors** requiring the higher doses. The three-dimensional treatment volume must adequately surround the **cancer** and its likely routes of spread. Overall treatment time should be kept as short as possible, within the limits of conventional, tolerable fractionation. The potential theoretical advantage of hyperfractionated external-beam irradiation has yet to be verified in this disease but is of interest. It will be tested in an upcoming Gynecologic Oncology Group clinical trial. The negative prognostic significance of hypoxia in cervical **cancers** in general has been reported recently. While **tumor** cell hypoxia is almost certainly a problem in this disease, hypoxic cell sensitizers have not yet been found to improve treatment results. In clinical practice, reoxygenation probably occurs in these **tumors**. The role of para- aortic lymph node elective irradiation has been of interest for more than 20 years and was the subject of two randomized trials with quite different results. The Radiation Therapy Oncology Group trial found significantly improved survival in the treatment group assigned to receive paraaortic irradiation, when compared with the pelvic treatment group. However, a similar study by the European Organization for Research and Treatment of **Cancer** found no difference. The results of treatment today are substantially improved from those seen two decades ago. About 75% of patients with stage IIB disease and fully 50% of patients with stage IIIB disease are now cured with conventional irradiation alone. Clearly, there is still a need for further improvement. Of patients with urinary **bladder** involvement, 10%-20% are long-term survivors, as are 25%-30% of patients with para-aortic lymph node metastases. While these improvements are significant, there is clearly room for further progress. Improved radiation delivery, multimodality treatment programs, and better biological assays for directing treatment more appropriately are just some of the research directions that hold promise for such future progress.

ACCESSION NUMBER: 1997:168369 BIOSIS
DOCUMENT NUMBER: PREV199799474972
TITLE: Optimal management of locally advanced cervical carcinoma.
AUTHOR(S): Keys, Henry [Reprint author]; Gibbons, Susan K.
CORPORATE SOURCE: Dep. Radiation Oncol., Albany Med. Coll., 47 New Scotland Ave., Albany, NY 12208, USA
SOURCE: Journal of the National Cancer Institute Monographs, (1996) Vol. 0, No. 21, pp. 89-92.
ISSN: 1052-6773.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 24 Apr 1997
Last Updated on STN: 24 Apr 1997
SO Journal of the National Cancer Institute Monographs, (1996) Vol. 0, No.

21, pp. 89-92.
ISSN: 1052-6773.

AB Locally advanced or recurrent cervical **cancer** is highly responsive to treatment and at least moderately curable with effective aggressive treatment. Radiation therapy is the mainstay of treatment for patients with this **cancer**. The roles for surgery and **chemotherapy** are as yet unproved, and both modalities are currently under investigation for their potential roles in the management of these. . . pelvic recurrences are rarely successfully treated for cure, but considerable palliative effect is possible. The roles of intraoperative irradiation, sensitizing **chemotherapy**, and radical resection with interstitial irradiation are all under investigation at this time. Much has been learned over the past several decades about what parameters are important for successful radiation therapy for cervical **cancers** of stages IIB-IVA. While the traditional staging work-up for these patients included excretory urography, barium enema, examination under anesthesia, cystoscopy, and proctoscopy, there is now good evidence that computed tomography scan with **intravenous** contrast and office examination and biopsy are sufficient, with cystoscopy reserved for those few patients in whom clinical or imaging. . . brachytherapy is less clear, although there are some fervent advocates of this procedure. The debate continues about the use of **low-dose**-rate versus high-dose-rate brachytherapy. Treatment dose, volume, and length of treatment course are all important variables with outcome implications. The central disease requires a total dose of 8000-9000 cGy for maximal control probability, with larger **tumors** requiring the higher doses. The three-dimensional treatment volume must adequately surround the **cancer** and its likely routes of spread. Overall treatment time should be kept as short as possible, within the limits of. . . It will be tested in an upcoming Gynecologic Oncology Group clinical trial. The negative prognostic significance of hypoxia in cervical **cancers** in general has been reported recently. While **tumor** cell hypoxia is almost certainly a problem in this disease, hypoxic cell sensitizers have not yet been found to improve treatment results. In clinical practice, reoxygenation probably occurs in these **tumors**. The role of para- aortic lymph node elective irradiation has been of interest for more than 20 years and was. . . when compared with the pelvic treatment group. However, a similar study by the European Organization for Research and Treatment of **Cancer** found no difference. The results of treatment today are substantially improved from those seen two decades ago. About 75% of. . . are now cured with conventional irradiation alone. Clearly, there is still a need for further improvement. Of patients with urinary **bladder** involvement, 10%-20% are long-term survivors, as are 25%-30% of patients with para-aortic lymph node metastases. While these improvements are significant,. . .

IT Miscellaneous Descriptors
BRACHYTHERAPY; CHEMOTHERAPY; COMPUTED TOMOGRAPHY; DIAGNOSTIC METHOD; FEMALE; LOCALLY ADVANCED CERVICAL CARCINOMA; **NEOPLASTIC** DISEASE; ONCOLOGY; OPTIMAL MANAGEMENT; PATIENT; REPRODUCTIVE SYSTEM DISEASE/FEMALE; SURGERY; THERAPEUTIC METHOD

L7 ANSWER 15 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB 6-Thioguanine (6-TG) is a purine analog that has marked variability in plasma concentration after oral administration. Following the development of a multiple-day i.v. regimen, we performed a phase II trial of this agent as first-line **chemotherapy** in women with metastatic **breast cancer**. Forty-one patients with measurable (31

patients) or evaluable (10 patients) disease were entered into this trial. 6-TG was administered i.v. over a 10 min period daily for 5 consecutive days, with a planned cycle length of 35 days. The daily dosage level was 55 mg/m-2 in the first 15 patients, but this was increased to 65 mg/m-2 in the remaining patients due to inadequate myelosuppression at the **lower dose**. Six patients, all with measurable disease, achieved a complete response (CR) (two patients) or a partial response (PR) (four patients). Three responses occurred at the 55 mg/m-2 level and three at the 65 mg/m-2 level. The 95% confidence interval (CI) for the true response rate among patients with measurable disease was 6-39%. The median time to progression was 140 days and median survival time was 460 days. The regimen was well tolerated. We conclude that 6-TG, as given in this study, has limited activity as first-line **chemotherapy** for women with metastatic **breast cancer**.

ACCESSION NUMBER: 1997:120135 BIOSIS
DOCUMENT NUMBER: PREV199799426638
TITLE: Evaluation of **intravenous** 6-thioguanine as first-line chemotherapy in women with metastatic **breast cancer**.
AUTHOR(S): Ingle, James N. [Reprint author]; Twito, Donald I.; Suman, Vera J.; Krook, James E.; Mailliard, James A.; Windschitl, Harold E.; Marschke, Robert F., Jr.
CORPORATE SOURCE: Mayo Clinic, 200 First St., SW, Rochester, MN 55905, USA
SOURCE: American Journal of Clinical Oncology, (1997) Vol. 20, No. 1, pp. 69-72.
CODEN: AJCODI. ISSN: 0277-3732.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 25 Mar 1997
Last Updated on STN: 25 Mar 1997

TI Evaluation of **intravenous** 6-thioguanine as first-line chemotherapy in women with metastatic **breast cancer**.
SO American Journal of Clinical Oncology, (1997) Vol. 20, No. 1, pp. 69-72.
CODEN: AJCODI. ISSN: 0277-3732.
AB. . . administration. Following the development of a multiple-day i.v. regimen, we performed a phase II trial of this agent as first-line **chemotherapy** in women with metastatic **breast cancer**. Forty-one patients with measurable (31 patients) or evaluable (10 patients) disease were entered into this trial. 6-TG was administered i.v.. . . first 15 patients, but this was increased to 65 mg/m-2 in the remaining patients due to inadequate myelosuppression at the **lower dose**. Six patients, all with measurable disease, achieved a complete response (CR) (two patients) or a partial response (PR) (four patients).. . . days. The regimen was well tolerated. We conclude that 6-TG, as given in this study, has limited activity as first-line **chemotherapy** for women with metastatic **breast cancer**.
IT Miscellaneous Descriptors
ANTINEOPLASTIC-DRUG; **BREAST CANCER**; FEMALE; FIRST-LINE CHEMOTHERAPY; **INTRAVENOUS** ADMINISTRATION; METASTATIC; **NEOPLASTIC** DISEASE; ONCOLOGY; PATIENT; PHARMACOLOGY; PHASE II CLINICAL TRIAL; REPRODUCTIVE SYSTEM DISEASE/FEMALE; 6-THIOGUANINE

L7 ANSWER 16 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
AB This study is to evaluate **low dose** doxorubicin pulmonary artery perfusion with blood flow occlusion compared to systemic administration in a model of solitary intrapulmonary sarcoma nodule in the rat. **Tumor** nodule was developed via injection of

methylcholanthrene-induced sarcoma into the left **lung**. Doxorubicin was perfused into the left pulmonary artery at a rate of 50 mu-l/min for 2 min with 20 min blood flow blockage in all experiments. Pharmacokinetics, toxicity, treatment efficacy were compared between **lung** perfusion groups and **intravenous** groups. Doxorubicin levels in **tumor**, left **lung**, right **lung**, heart and serum were measured. Animal daily weights were recorded and a tight pneumonectomy was performed following treatment to assess toxicity and tolerated perfusion dose. **Tumors** were weighed following treatment to evaluate treatment efficacy. Doxorubicin delivered via pulmonary artery caused a significant higher drug level in **tumor** tissue and perfused **lung** with a low drug level in heart, right **lung** and serum as compared to **intravenous** administration. Animals in perfusion groups had normal growth pattern and survived after pneumonectomy when a dose of 0.5 mg/kg doxorubicin was perfused. **Tumor** weight was significantly decreased after treated with 0.5 mg/kg of doxorubicin **lung** perfusion as compared to same dose of doxorubicin **intravenous** treatment. Pulmonary artery perfusion with blood flow occlusion may offer an effective **lung chemotherapeutic** model. 0.5 mg/kg doxorubicin for **lung** perfusion has acceptable local **lung** toxicity and no significant systemic toxicity and is pharmacokinetically and therapeutically superior to systemic administration in this solitary intrapulmonary **tumor** nodule model in the rat.

ACCESSION NUMBER: 1997:120084 BIOSIS
DOCUMENT NUMBER: PREV199799426587
TITLE: Regional chemotherapy via pulmonary artery with blood flow occlusion in a solitary **tumor** nodule model.
AUTHOR(S): Wang, Hong-Yue; Hochwald, Steven; Ng, Bruce; Burt, Michael [Reprint author]
CORPORATE SOURCE: Memorial Sloan-Kettering Cancer Cent., Dep. Surgery, 1275 York Ave., New York, NY 10021, USA
SOURCE: Anticancer Research, (1996) Vol. 16, No. 6B, pp. 3749-3753. CODEN: ANTRD4. ISSN: 0250-7005.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 25 Mar 1997
Last Updated on STN: 25 Mar 1997

TI Regional chemotherapy via pulmonary artery with blood flow occlusion in a solitary **tumor** nodule model.

SO Anticancer Research, (1996) Vol. 16, No. 6B, pp. 3749-3753. CODEN: ANTRD4. ISSN: 0250-7005.

AB This study is to evaluate **low dose** doxorubicin pulmonary artery perfusion with blood flow occlusion compared to systemic administration in a model of solitary intrapulmonary sarcoma nodule in the rat. **Tumor** nodule was developed via injection of methylcholanthrene-induced sarcoma into the left **lung**. Doxorubicin was perfused into the left pulmonary artery at a rate of 50 mu-l/min for 2 min with 20 min blood flow blockage in all experiments. Pharmacokinetics, toxicity, treatment efficacy were compared between **lung** perfusion groups and **intravenous** groups. Doxorubicin levels in **tumor**, left **lung**, right **lung**, heart and serum were measured. Animal daily weights were recorded and a tight pneumonectomy was performed following treatment to assess toxicity and tolerated perfusion dose. **Tumors** were weighed following treatment to evaluate treatment efficacy. Doxorubicin delivered via pulmonary artery caused a significant higher drug level in **tumor** tissue and perfused **lung** with a low drug level in heart, right **lung** and serum as compared to **intravenous**

administration. Animals in perfusion groups had normal growth pattern and survived after pneumonectomy when a dose of 0.5 mg/kg doxorubicin was perfused. **Tumor** weight was significantly decreased after treated with 0.5 mg/kg of doxorubicin **lung** perfusion as compared to same dose of doxorubicin **intravenous** treatment. Pulmonary artery perfusion with blood flow occlusion may offer an effective **lung chemotherapeutic** model. 0.5 mg/kg doxorubicin for **lung** perfusion has acceptable local **lung** toxicity and no significant systemic toxicity and is pharmacokinetically and therapeutically superior to systemic administration in this solitary intrapulmonary **tumor** nodule model in the rat.

IT . . . Concepts
Biochemistry and Molecular Biophysics; Blood and Lymphatics (Transport and Circulation); Cardiovascular System (Transport and Circulation); Pharmacology; Respiratory System (Respiration); **Tumor** Biology

IT Chemicals & Biochemicals
DOXORUBICIN

IT Miscellaneous Descriptors
ANIMAL MODEL; ANTINEOPLASTIC-DRUG; BLOOD AND LYMPHATICS; BLOOD FLOW OCCLUSION; CIRCULATORY SYSTEM; DOXORUBICIN; DOXORUBICIN PULMONARY ARTERY PERFUSION; HEART; **LUNG**; **NEOPLASTIC** DISEASE; PHARMACOKINETICS; PHARMACOLOGY; RESPIRATORY SYSTEM; RESPIRATORY SYSTEM DISEASE; SERUM; SOLITARY INTRAPULMONARY SARCOMA NODULE; SYSTEMIC ADMINISTRATION; THERAPEUTIC METHOD; TOXICITY; TREATMENT EFFICACY; **TUMOR** BIOLOGY; VASCULAR DISEASE

L7 ANSWER 17 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB Purpose and Methods: The objective of this multicenter study was to compare the therapeutic index of two different doses of **paclitaxel** given as a 3-hour infusion in patients with metastatic **breast cancer** (MBC), who had failed to respond to previous **chemotherapy**. A total of 471 patients with MBC were randomized to receive **intravenous paclitaxel** at a dose of 175 or 135 mg/m-2 every 3 weeks. Results: Better treatment results were achieved with high-**dose** (HD) versus **low-dose** (LD) **paclitaxel**: overall response rate, 29% versus 22% (P = .108); complete response (CR) rate, 5% versus 2% (P = .088); median time to disease progression, 4.2 versus 3.0 months (P= .027); and median survival time, 11.7 versus 10.5 months (P = .321). Patients previously exposed or resistant to anthracyclines were as likely to respond as those without such prior exposure. Treatment was well tolerated, as documented by the number of administered treatment courses (median, six v five; range, one to 17 v one to 18), the **low** frequency of **dose** reductions (14% v 7%, P = .024), and the small number of patients (n = 9 or 4% vn = 5 or 2%) who required treatment discontinuation for adverse reactions. The incidence and severity of neutropenia and peripheral neuropathy were dose-related. After quality-of-life-adjusted time-to-progression analysis, the HD arm (175 mg/m-2) retained its advantage over the LD arm (135 mg/m-2). Conclusion: The results of this trial substantiate the activity of **paclitaxel** in the treatment of MBC. The observed superior efficacy with a dose of 175 mg/m-2 over 135 mg/m-2 suggests a dose-effect relationship. The clinical activity in anthracycline-resistant patients is particularly noteworthy. **Paclitaxel** in **breast cancer** needs further evaluation in large trials that use combination **chemotherapy** and involve earlier disease stages.

ACCESSION NUMBER: 1996:338224 BIOSIS
DOCUMENT NUMBER: PREV199699060580
TITLE: Multicenter, randomized comparative study of two doses of

paclitaxel in patients with metastatic **breast cancer**.

AUTHOR(S): Nabholtz, J.-M. [Reprint author]; Gelmon, K.; Bontenbal, M.; Spielmann, M.; Catimel, G.; Conte, P.; Klaassen, U.; Namer, M.; Bonneterre, J.; Fumoleau, P.; Winograd, B.
CORPORATE SOURCE: Cross Cancer Inst., Dep. Med., 11560 University Ave., Edmonton, AB T6G 1Z2, Canada
SOURCE: Journal of Clinical Oncology, (1996) Vol. 14, No. 6, pp. 1858-1867.
CODEN: JCONDN. ISSN: 0732-183X.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 26 Jul 1996
Last Updated on STN: 27 Jul 1996

TI Multicenter, randomized comparative study of two doses of paclitaxel in patients with metastatic **breast cancer**.

SO Journal of Clinical Oncology, (1996) Vol. 14, No. 6, pp. 1858-1867.
CODEN: JCONDN. ISSN: 0732-183X.

AB . . . Purpose and Methods: The objective of this multicenter study was to compare the therapeutic index of two different doses of **paclitaxel** given as a 3-hour infusion in patients with metastatic **breast cancer** (MBC), who had failed to respond to previous **chemotherapy**. A total of 471 patients with MBC were randomized to receive **intravenous paclitaxel** at a dose of 175 or 135 mg/m-2 every 3 weeks. Results: Better treatment results were achieved with high-**dose** (HD) versus **low-dose** (LD) **paclitaxel**: overall response rate, 29% versus 22% (P = .108); complete response (CR) rate, 5% versus 2% (P = .088); median. . . by the number of administered treatment courses (median, six v five; range, one to 17 v one to 18), the **low** frequency of **dose** reductions (14% v 7%, P = .024), and the small number of patients (n = 9 or 4% vn =. . . mg/m-2) retained its advantage over the LD arm (135 mg/m-2). Conclusion: The results of this trial substantiate the activity of **paclitaxel** in the treatment of MBC. The observed superior efficacy with a dose of 175 mg/m-2 over 135 mg/m-2 suggests a dose-effect relationship. The clinical activity in anthracycline-resistant patients is particularly noteworthy. **Paclitaxel** in **breast cancer** needs further evaluation in large trials that use combination **chemotherapy** and involve earlier disease stages.

L7 ANSWER 18 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB We have developed a charcoal suspension, injectable intratumorally into tattooed human **breast tumors** prior to **chemotherapy** and surgery, to guide the surgeon during the removal of residual **tumor** after response to treatment. Since some **tumors** are highly vascularized and since intratumor injections of the charcoal particles may occasion systemic effects, we studied in vivo toxicity. An **intravenous** injection of 4 mg (166 mg/kg) to 2 month-old mice (24 g average) was immediately lethal, but the same **dose** given intraperitoneally or **lower doses** administered **intravenously** (400 mu-g (16.6 mg/kg), 40 mu-g (1.66 mg/kg), 20 mu-g (0.83 mg/kg) had no effect. Charcoal was localized in the organs up to day 30. The in vitro addition of charcoal (0.2-4 mg/ml) to cell lines strongly inhibited their growth and their clonogenicity, indicating that the probability that **tumor** growth is stimulated in vivo after charcoal injection is implausible.

ACCESSION NUMBER: 1996:230337 BIOSIS
DOCUMENT NUMBER: PREV199698794466
TITLE: Studies on toxicity of charcoal used in tattooing of

tumors.

AUTHOR(S): Bonhomme-Faivre, L.; Mathieu, M. C.; Orbach Arbouys, S.; Seiller, M.

CORPORATE SOURCE: Lab. Pharmacy, Hopital Paul-Brousse, 14 Ave. Paul Vaillant Couturier, 94800 Villejuif, France

SOURCE: European Journal of Pharmaceutical Sciences, (1996) Vol. 4, No. 2, pp. 95-100.
ISSN: 0928-0987.

DOCUMENT TYPE: Article

LANGUAGE: English

ENTRY DATE: Entered STN: 28 May 1996
Last Updated on STN: 28 May 1996

TI Studies on toxicity of charcoal used in tattooing of **tumors**.

SO European Journal of Pharmaceutical Sciences, (1996) Vol. 4, No. 2, pp. 95-100.
ISSN: 0928-0987.

AB We have developed a charcoal suspension, injectable intratumorally into tattooed human **breast tumors** prior to **chemotherapy** and surgery, to guide the surgeon during the removal of residual **tumor** after response to treatment. Since some **tumors** are highly vascularized and since intratumor injections of the charcoal particles may occasion systemic effects, we studied in vivo toxicity. An **intravenous** injection of 4 mg (166 mg/kg) to 2 month-old mice (24 g average) was immediately lethal, but the same **dose** given intraperitoneally or **lower doses** administered **intravenously** (400 mu-g (16.6 mg/kg), 40 mu-g (1.66 mg/kg), 20 mu-g (0.83 mg/kg) had no effect. Charcoal was localized in the. . . addition of charcoal (0.2-4 mg/ml) to cell lines strongly inhibited their growth and their clonogenicity, indicating that the probability that **tumor** growth is stimulated in vivo after charcoal injection is implausible.

IT Miscellaneous Descriptors
ACUTE TOXICITY; **BREAST TUMORS**; CHARCOAL SUSPENSION; CHRONIC TOXICITY; HISTIOCYTE; IN-VITRO CELLULAR CYTOTOXICITY; SURGICAL GUIDE; SYSTEMIC SIDE EFFECTS

L7 ANSWER 19 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB A prospective randomized study was conducted to compare the adjuvant efficacy of 12 cycles of **low-dose** CMF (cyclophosphamide: CPA, methotrexate; MTX, 5-fluorouracil; 5-FU) with that of orally administered CPA plus FT (futraful) in premenopausal patients with stage I-II and one- to three-node-positive **breast cancer**. The 12-cycle CMF group (91 patients) received, 100 mg CPA orally on days 1 to 14 plus 20 mg MTX and 500 mg 5-FU **intravenously** (iv) on days 1 and 8 of each cycle. The CPA plus FT group (85 patients) received 100 mg CPA and 600 mg FT orally each day for one year. The background characteristics of the two groups were comparable. At 5 and 10 years, there were non-significant trends towards better disease-free and overall survival rates in the CMF group. Both treatments were well tolerated, but more patients in the CPA plus FT group refused to continue **chemotherapy** because of continuous gastrointestinal disturbances. No clear benefit of adding **low-dose** MTX to CPA and fluoropyrimidines was observed in this subgroup of Japanese patients. Further studies will be required to clarify the superiority of conventional-dose of CMF treatment to orally administered CPA plust FT treatment.

ACCESSION NUMBER: 1996:230310 BIOSIS

DOCUMENT NUMBER: PREV199698794439

TITLE: Adjuvant cyclophosphamide, methotrexate and 5-fluorouracil

versus cyclophosphamide plus futraful for premenopausal patients with stage I-II and one- to three-node-positive **breast cancer**: Results of a prospective randomized study.

AUTHOR(S): Baba, Hideo; Fukutomi, Takashi [Reprint author]; Akashi, Sadako; Nanasawa, Takeshi; Yamamoto, Hiroshi

CORPORATE SOURCE: Dep. Surgery, Natonal Cancer Cent. Hosp., 5-1-1 Tsukiji, Chuo-ku, Tokyo 104, Japan

SOURCE: Keio Journal of Medicine, (1996) Vol. 45, No. 1, pp. 54-57. CODEN: KJMEA9. ISSN: 0022-9717.

DOCUMENT TYPE: Article

LANGUAGE: English

ENTRY DATE: Entered STN: 28 May 1996
Last Updated on STN: 28 May 1996

TI Adjuvant cyclophosphamide, methotrexate and 5-fluorouracil versus cyclophosphamide plus futraful for premenopausal patients with stage I-II and one- to three-node-positive **breast cancer**: Results of a prospective randomized study.

SO Keio Journal of Medicine, (1996) Vol. 45, No. 1, pp. 54-57. CODEN: KJMEA9. ISSN: 0022-9717.

AB A prospective randomized study was conducted to compare the adjuvant efficacy of 12 cycles of **low-dose** CMF (cyclophosphamide: CPA, methotrexate; MTX, 5-fluorouracil; 5-FU) with that of orally administered CPA plus FT (futraful) in premenopausal patients with stage I-II and one- to three-node-positive **breast cancer**. The 12-cycle CMF group (91 patients) received, 100 mg CPA orally on days 1 to 14 plus 20 mg MTX and 500 mg 5-FU **intravenously** (iv) on days 1 and 8 of each cycle. The CPA plus FT group (85 patients) received 100 mg CPA. . . . the CMF group. Both treatments were well tolerated, but more patients in the CPA plus FT group refused to continue **chemotherapy** because of continuous gastrointestinal disturbances. No clear benefit of adding **low-dose** MTX to CPA and fluoropyrimidines was observed in this subgroup of Japanese patients. Further studies will be required to clarify. . .

L7 ANSWER 20 OF 214 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN

AB The experience with single-agent gemcitabine in advanced or metastatic **breast cancer** is reviewed. In all studies, gemcitabine was administered as a 30 min **intravenous** infusion in cycles once a week for 3 weeks followed by 1 week of rest. In the first European study (gemcitabine 800 mg/m-2/ week), of 40 evaluable patients, 14 were chemo-naive, 7 had received adjuvant **chemotherapy**, and 19 had received **chemotherapy** for metastatic disease. There were 3 complete responders and 7 partial responders (all independently validated by an external Oncology Review Board) for an overall response rate of 25.0% (95% CI: 12.7%-41.2%). The median time to declaration of response was 1.9 months and the median duration of survival for all 40 efficacy-evaluable patients was 11.5 months. Haematological and non-haematological toxicities were particularly mild. WHO grade 3 and 4 toxicities included leukopenia (6.8% and 2.3% of patients), neutropenia (23.3% and 7.0%), AST (6.8% and 2.3%), ALT (18.2% and 0%), infection (0% and 2.3%), nausea and vomiting (25.0% and 2.3%), alopecia (2.3% and 0%). There was no grade 3 or 4 creatinine, proteinuria or haematuria. In the smaller US study (18 evaluable patients, all but one having received prior **chemotherapy** for stage IV disease) there were no responders. However, the mean **dose** delivered was very **low** (577 mg/m-2/injection). In an ongoing European trial, with a starting dose of 1000 mg/m-2, a number of partial responders have been seen in soft tissue,

lung and liver. Gemcitabine's modest toxicity profile and single-agent activity make it an attractive candidate for trial in combination therapy in advanced **breast cancer** where treatment is currently given to palliate symptoms and improve quality of life.

ACCESSION NUMBER: 1996:110960 BIOSIS
DOCUMENT NUMBER: PREV199698683095
TITLE: Gemcitabine in advanced **breast cancer**.
AUTHOR(S): Possinger, Kurt
CORPORATE SOURCE: Universitaetsklin. Charite, Medizinische Universitaetsklin. Poliklinik II, Schwerpunkt Onkol. Haematol., Schumannstrasse 20/21, D-10117 Berlin, Germany
SOURCE: Anti-Cancer Drugs, (1995) Vol. 6, No. SUPPL. 6, pp. 55-59. CODEN: ANTDEV. ISSN: 0959-4973.
DOCUMENT TYPE: Article
LANGUAGE: English
ENTRY DATE: Entered STN: 12 Mar 1996
Last Updated on STN: 13 Mar 1996

TI Gemcitabine in advanced **breast cancer**.

SO Anti-Cancer Drugs, (1995) Vol. 6, No. SUPPL. 6, pp. 55-59. CODEN: ANTDEV. ISSN: 0959-4973.

AB The experience with single-agent gemcitabine in advanced or metastatic **breast cancer** is reviewed. In all studies, gemcitabine was administered as a 30 min **intravenous** infusion in cycles once a week for 3 weeks followed by 1 week of rest. In the first European study (gemcitabine 800 mg/m-2/ week), of 40 evaluable patients, 14 were chemo-naive, 7 had received adjuvant **chemotherapy**, and 19 had received **chemotherapy** for metastatic disease. There were 3 complete responders and 7 partial responders (all independently validated by an external Oncology Review. . . or 4 creatinine, proteinuria or haematuria. In the smaller US study (18 evaluable patients, all but one having received prior **chemotherapy** for stage IV disease) there were no responders. However, the mean **dose** delivered was very **low** (577 mg/m-2/injection). In an ongoing European trial, with a starting dose of 1000 mg/m-2, a number of partial responders have been seen in soft tissue, **lung** and liver. Gemcitabine's modest toxicity profile and single-agent activity make it an attractive candidate for trial in combination therapy in advanced **breast cancer** where treatment is currently given to palliate symptoms and improve quality of life.

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